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A JOURNAL FOR NURSES

MAY 1942

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May 1942

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A JOURNAL **RN** FOR NURSES

Debits AND CREDITS

LONDON LETTER

Dear Editor:

The subject of clothes is dear to the hearts of all women, especially American women, who possess in no small degree, the art of buying well and always manage to look chic! You probably know that we British women can now buy clothes only in exchange for coupons. This necessarily, and rightly, limits our choice. Most people choose sensible garments which will not date and will last as long as possible. Also we are using up odds and ends, thus producing garments out of materials we should not ordinarily have dreamed of using.

Some of these methods are very amusing. The other day I heard of a lady who had a worn-out bedspread of fawn coloured silk. Out of this she contrived two most charming golf blouses. Another had a short jacket made out of a piece of carpet and the finished article looked as if it had come straight from Bond Street. There is always a hunt for materials

which can be obtained without coupons. Therefore furnishings and curtain materials are in great demand for suits. Very nice they look too. Personally, I had not tried any of these schemes until the other day a lady showed me a summer coat tailored from two light traveling rugs. It was extremely smart and delightfully soft, so I went and did likewise. The rugs I bought were emerald green in a plain shade. When I am tired of this colour, I shall have the coat dyed. (N.B. My hopes are dashed, for I have just heard over the radio that coupons must be yielded for making the rugs into coats. Never mind, I have a charming coat which will last for ages.)

Everyone now has to give up a certain number of coupons for uniforms. Nurses have to give up twelve—nine for indoor and three for outdoor uniforms. Apart from this, a new kind of pride has arisen as to who can be the most ingenious in devising clothes out of next to nothing. Men of course are not so fortunate as women; but then most men wear their clothes longer and the great majority are in uniform of some kind. . .

Lois Oakes, S.R.N.
Cambridge, England

BEAUTY MASK

Dear Editor:

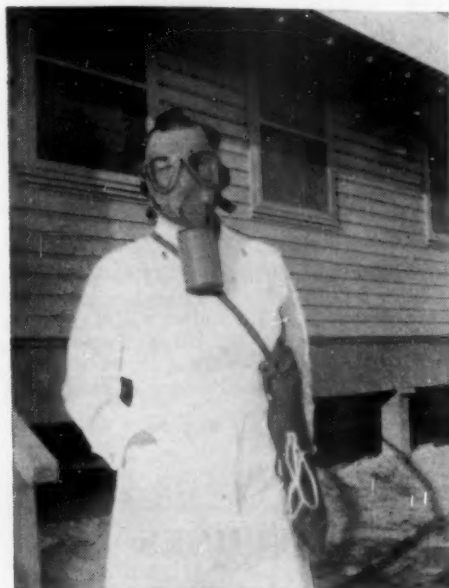
Here's evidence on why some nurses are old maids; Don't you think my recent picture [see cut] in a training gas mask shows one good reason for single blessedness? And ain't they purty?

The photograph was taken while we were on maneuvers in North Carolina.
R.N., Ft. Benning, Ga.

RELIEF WINGS

Dear Editor:

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905 S. Washington
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NURSES AIDES

Dear Editor:

Two items which appeared recently in my local paper report that forty-nine women completing the Red Cross nurses' aide course of eighty hours received caps and insignia. I have always thought that the uniform cap belonged by rights to a graduate nurse who has put in three years of hard work and study in obtaining an R.N.

In my training days we wore white uniforms and I was often mistaken for a graduate. Of course I could not qualify, for my training period was not yet up. Now I can't understand why these aides have the privilege of wearing caps and getting the work only graduate nurses should get. Some practical nurses I know ask for and receive R.N.'s wages. I think it is unfair. Let's hear from other R.N.'s.

Thora C. Newbold, R.N.
Cheyenne, Wyo.

[The American Red Cross nurses' aides referred to are volunteer workers assisting, not competing with graduate nurses. Their sky-blue uniforms and caps are clearly marked with the circle and triangle insignia of civilian defense, and their duties are limited to the most ele-

mentary aspects of ward care. Read Miss Thompson's article on sub-professional nursing in this issue.—THE EDITORS.]

X-RAY AND FRACTURES

Dear Editor:

In your March issue there is an article on fractures which contains an erroneous explanation. On page seventeen you say that roentgen rays have been used to combat infection, but in fractures definitely delay union and should not be used. As a matter of fact, X-ray therapy does just the opposite. It is used quite often in the treatment of delayed healing in fractures and stimulates the function of healing because of its ability to increase the laying down of bone cells.

In 1925 Ernst Pohle wrote a very excellent article describing the treatment in fifteen cases, eleven of which were clinically healed. This article was published in *Radiology* 5:67-70 July, 1925. In 1914 in the *Ztschr. f. Chir.* 28:130, Salvetti was, I believe, the first to report good results from this type of treatment. M. Frankel in *Med. Klin.* 11:211, 1915 reported that the administration of very small doses of X-ray therapy in fractures led to a faster consolidation. Since then, many workers have reported good results and we too, have employed it clinically on our service at Bellevue Hospital with satisfactory results.

In their recent book, "Roentgen Treatment of Infections," Kelly and Dowell, the Year Book Publishers, Inc., 1942, emphasized the prophylactic use of X-ray in fractures. They stated that X-ray prophylaxis simplifies the treatment and makes more certain the primary union and in

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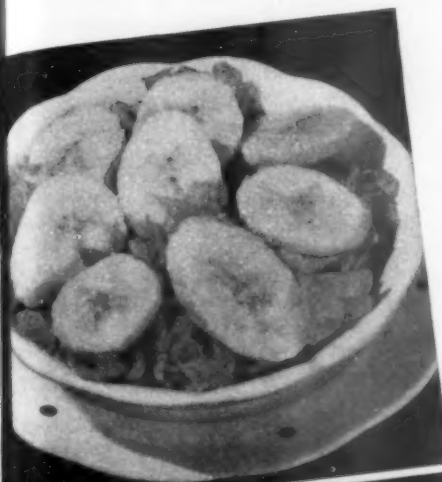
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*Use fully ripe banana . . . peel well flecked with brown

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NOTE: If electric drink mixer, which crushes fruit while mixing, is used, break banana into mixer cup, add milk and mix. Add ice cream before mixing, if desired.

no way does it inhibit or delay the healing in fractures.

Ira I. Kaplan, M.D.
New York, N.Y.

[R.N.'s medical consultants, who debated this point before the article was published, believe that Dr. Kaplan, a recognized authority on roentgen therapy, is doubtless correct. They call attention to the fact, however, that studies have shown emphasis should be on "very small doses" in any such application for the promotion of healing. From their own experience they point out that X-ray in ordinary doses may damage small blood vessels and cause tissue atrophy.—THE EDITORS.]

MAJORITY RULE

Dear Editor:

In rebuttal to "Grapes of Wrath," [D & C, January] let me stress the fact that nursing organizations are made up of nurses. An association, whether local, State, or national, expresses the wishes of the majority of its members and does not have "to deal with" anyone. If any nurse does not approve of the work of her State organization, she has the privilege of saying so, and if the majority agrees with her, she wins her point...

That nurses now have a "much higher educational background than formerly" is an expression of appreciation of the work of the organization which your correspondent berates. During the last war, all States did not have compulsory registration laws, all schools of nursing did not require high school graduation, and the eight-hour day was a pleasant dream.

No one nurse can accomplish much, but

it is wonderful what can be done when we all pull together. Our associations are democratic institutions. Perfection and democracy do not go hand in hand, but we have faith in the democratic system nonetheless. There are too many nurses with complaints who never attend the meetings of organizations they criticize.

Frances Alexander, R.N.
Sanatorium, Miss.

HODGE-PODGE?

Dear Editor:

One marvels that in this day, after so much effort has been expended in stressing case assignment, that hodge-podge nursing is still in vogue.

I have just come from a large city-county hospital where case assignment was practiced and the staff nurse experienced a high degree of satisfaction in organizing her work for the day and in meeting emergencies. Contrast with this situation a small hospital employing seven nurses. Even though assignments are made as to wards, everyone assists with nursing care, which results in duplication of effort, confusion, and lack of initiative. The lazy nurse has an opportunity to shirk and the ambitious nurse has a sense of frustration and inadequacy, as she cannot see the result of any concentrated effort...

After being employed in two small hospitals with hodge-podge nursing, I still feel that case assignment would be possible, and would yield more satisfaction to the staff nurse, better nursing care, and would develop in the nurse a sense of belonging and a cooperation not otherwise experienced.

R.N., Amarillo, Texas



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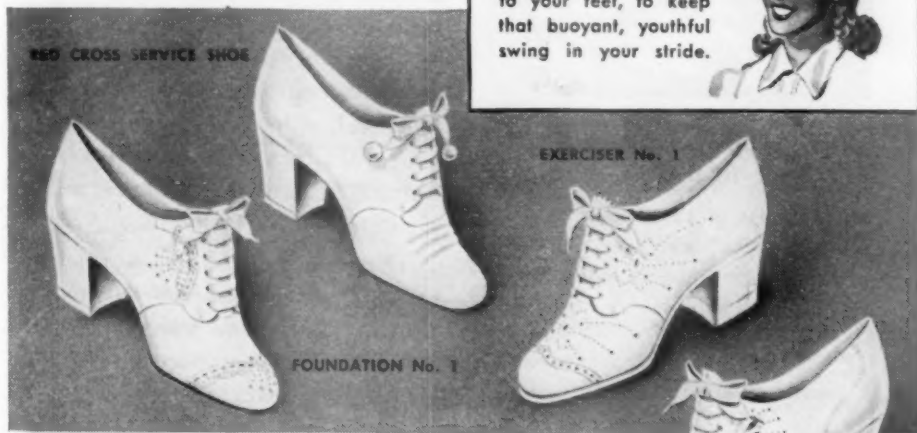
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MAY—R.N.—1942



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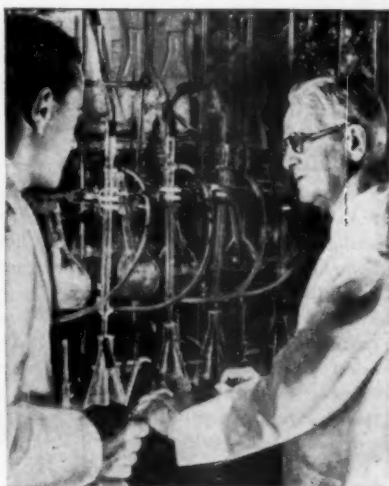
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*J. A. M. A., 93:1110—October 12, 1929
Brückner, H—Die Biochemie des Tabaks, 1936

**The Military Surgeon, Vol. 89, No. 1, p. 7,
July, 1941

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MEMO FROM THE

EDITOR . . .



● One of last month's biggest developments was the formation of the American Industrial Nurses' Association by some 300 nurses attending the fourth joint conference on industrial nursing in Philadelphia. Twenty-seven industrial clubs have joined with the original conference group (New England, New York, New Jersey, Detroit, and Philadelphia), making a total of 36 clubs and 27 States represented.

This rapidly expanding field of nursing becomes more and more vital to the nation as industrial production races to keep up with defense needs. New problems are bound to arise—questions of standing orders, of absenteeism, of health education, employee safety, and of providing adequate care for workers in small plants, for example. All these things can only be answered satisfactorily when industrial nurses get together and share their own views and the views of their managements. Through their own national organization they are going to have their first opportunity to do this.

R.N. recommended such an organization for industry as long ago as March 1941. We're especially interested in the new association, therefore, and will closely follow the development of policies and program. Certainly among the group's first acts will be a campaign to sell industrial nursing to plant managements—especially small plant executives. Industrial nurses, actually, are the rear guards of national defense and from this key position they must establish methods to keep adequate industrial nursing services available for the duration of the war and thereafter. We know the new organization is going to accept this responsibility without fuss, formality, or fear; industrial nurses

have already demonstrated their enthusiasm for cutting red tape, rolling their sleeves up, and tackling the task in hand without waste motion.

The conference elected as officers of the new A.I.N.A., Catherine Dempsey of Cambridge, Mass., as president; Elizabeth Sennewald, Paterson, N.J., first vice-president; Polly Acton, New York City, second vice-president; Martha Purcelle, Detroit, treasurer; Marion Dowling, Ridgefield, N.J., corresponding secretary; Marion Brittingham, Philadelphia, recording secretary.



Will the secretaries of accredited alumnae associations send us the names of sick member nurses to whom they would like us to send R.N. regularly? We've \$137 in our subscription fund for sick R.N.'s and would like to place that many dollar-a-year subscriptions in circulation.



We're going to get those cover-picture reprints out to you as fast as we can. So glad so many of you want copies! The requests have mounted to such a high figure, however, we'll have to make a small charge to cover printing and mailing. Send ten cents when you request your set of three reprints.



Spring seems to have brought out more nurse-poets than ever, this year. We think you're interested in reading and writing poems about nursing, so beginning next month we'll run occasional verse on various phases of the profession. We'll pay \$5 for the best piece submitted by a reader each month. Address your contributions to the Poetry Editor—and try to keep them short.



THE *Sub*

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NURSE:

A HELP OR A MENACE?

BY ELLA MAY THOMPSON, R.N.

• Do we have enough nurses?

At the end of five months of an all-out war the United States finds itself more in need of nurses than at any time in its history. Already over 10,000 graduate nurses have left their civilian posts to serve with the Army and Navy. Already civilian hospitals and public health agencies feel the pinch in depleted nursing staffs. How great is the shortage in the Services and in civilian life? These figures (released by the Subcommittee on Nursing, April 18th) indicate the needs of the Army and Navy, civilian hospitals and public health departments by July 1, 1942.

ARMY and NAVY	10,500
HOSPITALS	17,700
PUBLIC HEALTH	3,000
TOTAL	31,200

And this is only part of the rapidly changing picture. It is estimated that the requirements of the Army will be doubled in 1943 and may increase still further for 1944!

The demands of the Services will be satisfied from the first reserve of the Red Cross, which must be replenished by enrollment of newly-graduated nurses. But where will the hospitals get nurses? Who will take care of the patients who stay at home?

We all know what happened in 1917. With hundreds of nurses in overseas service and the country frantic with an epidemic of influenza, pressure upon schools of nursing forced them to relax

standards and admit students who were unsuited to nursing and have been misfits ever since. Untrained women were asked to serve at a time when the overworked professional nurses would have given a great deal for dependable helpers—trained, at least, to give simple nursing care, cook a meal and keep a house clean.

Because we cannot properly recruit and train professional nurses rapidly enough to meet the need in hospitals and homes, the deficiency must be made up in some other way. Obviously, this means securing the services of sub-professional groups. Some of our professional nurses see dangers in this plan and are opposed to bringing such a worker into the hospitals and homes of the community. They are afraid she will be a menace, will pretend to be a professional nurse, or will replace the professional nurse and compete unfairly with her by working for less salary. This point of view has grown out of the situation after the first World War when untrained women, no longer needed, continued to practice nursing, calling themselves practical nurses and working in the private duty field when hospitals refused to employ them.

These pitfalls can be avoided if these workers are carefully trained for their jobs and are allowed to do only those things which can be called simple nursing procedures and non-nursing routines. Think of the dozens of these non-nursing jobs in hospitals that we can train people to do. When professional nurses must be spread very thin, their work becomes supervisory and is con-

centrated chiefly on the care of acutely ill patients.

Are there such trained subsidiary groups?

The Red Cross trains Volunteer Nurses Aides to make beds, help with baths and meals, feed patients, carry trays, care for flowers, assist in keeping the ward neat, put away linen, etc. They have 75 hours of classroom and hospital teaching, plus 5 hours of orientation and examinations, must promise to give 150 hours of hospital service per year, and are not paid. The demand for volunteer aides has increased tremendously since last December. About 800 are now working in Greater New York hospitals and the quota for that city has been set at 10,000.

Another group that the Red Cross likes to think about as the backbone of the program to provide nursing care is the home nursing group. They are not trained to work in hospitals but have been taught those simple things about bedside care that would be useful in their own homes if someone was mildly ill. They can take a temperature, make a person comfortable, write down significant observations about the patient, make a bed with the patient in it. At least one such instructed person in every home would prove very valuable in case of an epidemic.

Another reliable subsidiary worker is the trained practical nurse. She is gradually finding a place as a valuable helper for the professional nurse because she has received instruction in a reputable school under the direction of registered professional nurses and has had supervised hospital experience for a definite period. She has learned about modern health practices and community health agencies and has been taught simple nursing procedures and the basic structure of the body. She has learned how to plan and cook adequate nutritious meals on a budget and how to care for a house. She has learned to give an enema and a hypodermic of insulin (even a layman is taught how to give

himself insulin if he is a diabetic) but is not taught to catheterize or to give colonic irrigations because these procedures are based on more scientific knowledge than the practical nurse can acquire in her nine or ten months' training. Her hospital experience prepares her for both hospital and home nursing.

Can the practical nurse help relieve the home nursing shortage?

A large number of the people in this country who require nursing care are convalescents or chronically ill. They usually need simple routine nursing care or perhaps a combination of nursing and housekeeping. If the patient had an obliging relative who was available, she might perform these services for him. If not, he must employ someone. The professional nurse has always rather tended to avoid the care of the chronic patient and has preferred not to assume household duties. She is, therefore, leaving to the practical nurse the kind of nursing she herself neither needs nor wants. Properly utilized, this sub-professional worker should not compete with the professional nurse in this field.

Perhaps we are a bit stuffy in our opinions. One of our nursing executives expressed herself pretty positively as feeling that the practical nurse was of doubtful value. When the conversation turned to her mother, a chronic invalid, however, she became enthusiastic.

"Do you know," she said, "Mother has never been happier. She has a perfectly splendid woman with her now who does everything beautifully that mother needs in the way of nursing and is a perfectly delightful companion."

Most of us are coming to the conclusion that there is room for two kinds of nursing in the community. The competition the professional nurse has always had to face—and still must reckon with until State laws become restrictive—is competition with the practical nurse without training and without scruples, the "born" nurse, the "woman next door" who [Continued on page 58]

"Ask Miss Torrop"



BY HILDA TORROP, R.N.

Q. Why do a few people hold all the offices year after year in our nursing organizations? I have been a member of three groups for many years and have never once been asked to even serve on a committee.

A. Many people wonder about this. Perhaps we are not openly aggressive and enthusiastic enough about our organization work. If we fear rebuffs we hesitate to show our eagerness to serve but *also* we sometimes wish to sidestep the thankless hard work that often lays the foundation for future consideration by the group. Could you try your skill at rallying your friends to put someone else's nomination "over the top" and at one and the same time learn what it takes to get group action, work hard for someone else and show yourself as a person with ideas and push? The profession certainly can use such people.

Q. What makes a party successful? I never feel that my friends have really had a good time.

A. Perhaps you are too anxious—that makes for a tense, fussy, tired hostess. After all, what kind of a party do you like? Can you put yourself in the guests' place? After a very successful party a group recently tried to analyze the "why" of it. Here are some of their opinions.

1. The surprise element—try to plan some new way of mixing people. In this case the guests were shut out in the foyer to match quotations for supper partners and on their return found, as if by a miracle, card tables set up for supper.

2. Simple but appetizing food. It was arranged on a centre table and each one helped herself. This minimized labor and presented the food attractively.

3. Detailed planning in advance. The guests had no responsibility and the hostess was *obviously* having a good time.

4. Adult games cleverly planned for the different personalities that make up most groups—a noisy game: excellent as a laugh-producer and stiffness-absolver, a paper game, a question and answer game for the people who glory in knowing the right answers, and a "chance" game like Monopoly.

Above all, have a good time yourself—to many hostesses this would be a completely new idea!

Q. I am to have an interview for a position which I have wanted for a long time. I don't feel that I make a good impression. Can you give me any hints?

A. Let us take it for granted that you can do the job and that your prospective employer thinks so or you would not be given the interview. Now, about *you*—for unless when you appear you can back up your paper credentials by your appearance and speech you may not get this chance to show what you can do. Look your best—hair freshly washed and waved, nails manicured, discreet make up and nail polish, becoming business dress and immaculate collar, handkerchief, gloves and shoes. Choose a chair that will let you sit upright and don't play with your purse, gloves or jewelry. Don't lean on the interviewer's desk! Display an interest in the job, be assured without being aggressive, be able to talk about yourself if asked—your previous experience and enjoyment [Continued on page 61]

DEPARTMENT OF WELFARE
PATIENT: JIMMY WONG
ADDRESS: 39 MOTT ST
N.Y.C.
ILLNESS: SCARLATINA
CASE No: 1425



YOU AN



DON'T WIN!

H. Brown.



Elsie Latimer, R.N.

BY JEAN DE WITT

● In the shadow of New York City's Second Avenue El two women were accosted by a disheveled sailor, several sheets to the wind. His hand groped uncertainly for his cap. "Evenin', nurse," he mumbled.

"Why hello, Sammy." One of the women paused, smiling.

"Elsie!" her companion hissed. When Sammy had been swallowed up by the Manhattan night she added, "How can you stand working with those dirty, drunken sailors?"

"Dirty, drunken sailors!" Elsie Latimer echoed. "They're not that to me. They're the men who risk their lives to keep our sea lanes open, the men who help clothe and feed the world. What's more, they're my friends!"

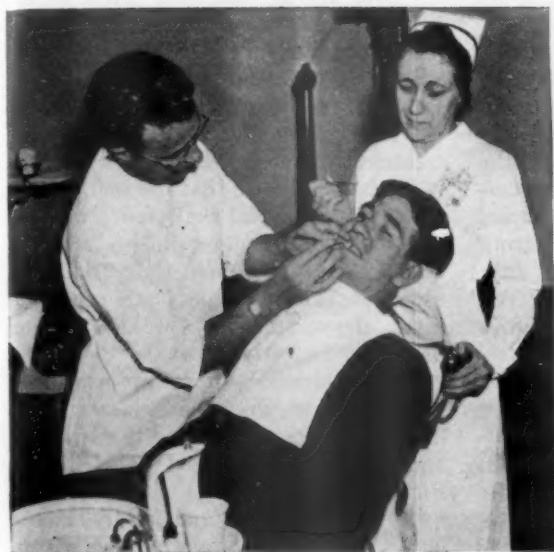
And almost every one of the 5,000 and more men who daily cross the doorstep of the Seamen's Church Institute has had occasion to call Mrs. Latimer friend. She is chief nurse of the Institute's clinic which includes medical, eye, dental, ENT departments as well as a three-bed sick bay and pharmacy. Her interest is not confined to the clinic, however, but penetrates into every corner and activity of the Institute. She is as proud of its history and present functions as would be its founding fathers.

Evolved from a floating church which, from 1844 to 1866, was moored in the East River at the lower end of Pike

Street, the Seamen's Church Institute of New York has expanded through a century of progress. Now the largest institution for merchant seamen in the world, its thirteen-story building at 25 South Street offers sleeping quarters, medical and dental clinics, cafeteria, bank, U.S. postoffice, employment agency, Mother Roper's missing seamen's bureau, baggage room, social service desk, libraries, game and writing rooms, auditorium, and chapel for active seamen of all nationalities. There are lodgings for 1,600 men, ranging from thirty-five cents for a dormitory bed to one dollar rooms for officers. Cafeteria food is served practically at cost. S.C.I. is not a charity but "helps



Home port for sailors of seven seas.



No. 1. Survivor, Robert Tapscott, is treated at the dental clinic, Mrs. Latimer assisting.

Acme

Faulty vision and accompanying fear of unemployment brings many sailors to eye clinic for perimeter-testing and correction.

seamen help themselves," at the same time raising funds by mail appeals, voluntary contributions, and benefits to provide entertainment, welfare, and religious work. If a sailor is "on his uppers," the Institute's welfare department and relief credit bureau will tide him over the financial doldrums.

More than 2,000 patients are treated annually at the clinic. What type of woman is needed to nurse these men—the majority hard-bitten, at home only on the waterfronts of the world? They welcome compassion; scorn pity. No sentimentalist would be tolerated. Their nurse must be a friend, not a reformer. Elsie McNeil Latimer fills the bill.

She has been champion of the underdog since she arbitrated the family squabbles of her seven brothers and sisters over thirty years ago. Her judgment was respected beyond the home-fires since the day her small brother, unjustly reprimanded, glared defiance at his teacher. "You're not fair," he



said. "I'm going home and tell Elsie!" Apprised of the facts, Elsie stalked off on her sturdy twelve-year-old legs to deal with "teacher." Who won the day? Elsie, of course.

The McNeil family lived "down" Maine, near Bangor, and in the one argument that nearly lifted the snow off the roof Elsie, herself, was protagonist. Her father, Scotch-Irish descent and Yankee-stubborn, protested her becoming a nurse. (Nursing was not considered a ladylike profession!) The harder he said no, the harder she said yes.

"Go get your training, then," he fin-

ally thundered. "But don't expect to set foot in this house again!"

He repented while she was still a "probie" in New York's City Hospital, Welfare Island, and urged her to come home for Christmas.

Mrs. Latimer's present fealty to the men who sail the seven seas is questionable on only one point, her equal loyalty to the Army. After graduating in 1916, she had a year of private duty before joining up. Then came seven months at Camp Travis, Texas, before mobilization with Base Unit 58 in New York.

"We sailed on the Olympic," she reminisced, "with three thousand soldiers and three hundred nurses aboard. Our unit went to a base evacuating hospital center in western France. It was close to Chaumont, Pershing's headquarters, and when off duty the girls used to break their necks for a glimpse of 'Black Jack.' We felt about him as our nurses in Bataan must have felt about MacArthur."

Back in this country in March 1919, Elsie went to Oteen, veteran's tuberculosis hospital in Asheville, N. C.

"The boys were always laughing and kidding each other and us," she said. "They could even laugh off a bad hemorrhage. 'Spat up a ruby last night,' one would say, 'but I'll be o.k. tomorrow.'"

Finishing her Army hitch two years later at Fitzsimmons General in Colorado, experiences—personal and professional—piled fast on each other. Chronologically there was a stint in public health nursing, marriage and retirement, then the birth of a son, Clifton, in Texas. Widowed six years after her marriage, Elsie Latimer returned to a general duty post in North Carolina, went from there to the Cancer Hospital at Welfare Island and, in January 1935, came to the Seamen's Institute. At that time S.C.I. boasted only a dental and eye clinic, the former under the direction of Dr. Theodore Lang and the latter headed by Dr. Conrad Berens.

"Eyes are as vital to a sailor as the rudder to his ship," the clinic's chief nurse explained. "Not only the men who keep watch in submarine infested waters, but the 'black gang' below in the engine room come to us for tests, treatments, and glasses."

In the active life that the men live at sea and in some of their more boisterous shore encounters glasses are frequently lost or broken. Refused berths until the necessary "specs" are replaced, many desperate and "broke" seamen have had cause to bless the eye clinic and the multitudes of donors who have stocked it with discarded glasses. Hundreds of pairs are sent to the Institute annually to be analyzed, labeled, and stored against a sailor's needs. Some have antique rims and oddly-shaped lenses, residue from a well-wisher's attic. Prissy pince-nez and even lorgnettes help swell the collection, while empty frames are piled high in boxes. Recently Mrs. Latimer helped fit a British "tar" to a fine pair of horned-rims. No longer myopic, he departed to spend his twelve-hour shore leave wrapping bundles for Britain.

"Who should appear three hours later but the same sailor," Elsie Latimer chuckled. "He was almost crying. He'd taken off his coat to work unhampered and someone had 'bundled' it, glasses in pocket, off to one of his kinfolk. We fitted him to a new pair in a jiffy and made a friend for life."

Each unit of S.C.I.'s clinic rivals each other in popularity and fan mail. Seniority rights are held by the William D. Tracy dental clinic established in 1931 with Dr. Theodore Lang in charge. From Valparaiso to Vladivostok come postcard messages such as these:

"Dear Doc: Three guesses who this is from? It's the chap you gave so much pleasure when you fixed up his dental work in February 1932."

"Dear Doc: I'm hitting on all fours. Don't forget my greetings to the nurse."

Prior to U.S. entry in the war, forty of New York [Continued on page 52]

RN

'S OPINION OF THE MONTH

Labor

BY

HAZEL GEORGE, A.B., R.N.

• The American Federation of Labor has succeeded in organizing the nurses employed in the motion picture studios, along with the first aid men, under a Federal charter granted to registered nurses by the Los Angeles Central Labor Board. This organization has membership among nurses employed in other industries as well, and aims to use the closed shop principle to bring in more.

Simultaneously with the drive to unionize nurses in industry in Southern California, the California Organization for Public Health Nursing sponsored an industrial nurses' section, which is open to registered nurses engaged in industry, and includes in its membership some who also belong to the union. The section, although it is young, is made up of a dynamic professional group which has already succeeded in having a course in industrial nursing in progress at a local university extension. There is some diversity of opinion as to the advisability of union membership among section members, but the section has no official policy in this connection. It takes its cue from the American Nurses Association which, in convention, found that there is nothing in its constitution that forbids its membership to join labor unions. It contents itself with stress-

ing the principle that nursing is a profession and, as such, is outside the field for unionization. The C.I.O. locally was at first readily converted to this position, and refrained from including the nurse in their plant-wide union; however, this immunity will not continue in the face of progressive A.F. of L. unionization of nurses.

This state of affairs leaves the individual nurse behind the eight-ball. Don't say this can't happen, because it *has* happened: A nurse is told by the company for which she works that she must join the union to keep labor peace in the rest of the plant (or studio). She has the alternative of resigning if she wishes to insist that nursing is a non-unionizable profession.

In this situation, she has a deep inner need to say, "A plague on both your houses!" to the professional organizations on the one hand, for the snail-like pace at which they further the important economic aims of their membership, and to the unions on the other hand, for their lack of job standards and ethical concepts.

I should like to suggest that the A. F. of L. big-wigs and the nursing leaders get together. [Continued on page 56]





QUICK FACTS ABOUT NUTRITION MAINTENANCE

*and the
Surgical
patient*



• Nurses are familiar with necessary preparation for operative procedure. Certain well-established routines are a part of preoperative care. All are important to successful final results. But, more and more, we are realizing that the preceding weeks are equally important. Many of the problems of pre- and postoperative complications can be solved by a knowledge of the nutritional problems of the patient. With this newer knowledge we can expect a reduction in morbidity and mortality in many cases. Statistical proof is lacking, but it is known that incidence of postoperative nausea, vomiting, gastrointestinal atony, and delirium are more com-

mon after emergency operations than when the patient has been properly prepared.

Malnutrition is widespread in this country. Sub-clinical cases are common and, being recognized, are receiving more attention than ever before. It is to be expected that a large proportion of surgical patients will come from that part of the population which, from necessity, must subsist on inadequate or borderline diets. Also, many patients have been in pain and have probably suffered inanition or vomiting for some time. This means lessened amounts of dietary essentials for body maintenance. Certain diseased conditions make it im-

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possible for foods and the products of foods to be assimilated, or these split products may be lost in excessive amounts.

In some cases the patient may have remained for months, or even years, on a restricted diet because of allergies or a functional or organic disease. Even when an adequate diet is taken there may be failure of absorption due to achlorhydria, hyperperistalsis, or lack of bile in hepatic or biliary disease. Knowing that the liver is the storehouse of all vitamins which are important to nutrition, it is not surprising that failure of utilization and storage often occur in any type of hepatic disease, regardless of diet adequacy.

In cases of hyperthyroidism and in fever, there are increased metabolic demands. Operative procedures may precipitate symptoms and signs of deficiency disease when the condition has been latent. Prolonged high carbohydrate diets lead to rapid depletion of vitamins with resulting signs of these deficiencies. Maintenance on parenteral glucose injections is a special problem, and if prolonged should be supplemented by parenteral thiamine, nicotinic acid, and ascorbic acid.

The development of depletion signs is very rapid after an operation. Methods for clinical blood and urine determinations of some of the vitamins are available. But, unfortunately, the blood levels remain normal until severe depletion is reached and urine excretion tests usually parallel clinical findings. Knowledge of dietary deficiency, then, is more important than any tests.

In the case of vitamin deficiencies the condition is seldom single. While certain signs and symptoms may be attributed to specific needs, it is more probable that the major nutritional diseases are polyavitaminoses. Considering all of these complicating factors it is not surprising that a patient often comes to the operating table in a seriously lowered nutrition state.

Proteins must be considered because

their deficiency is often serious. When proteins are restricted in the diet for any length of time the concentration and total amount of plasma protein is lowered. This plasma protein is responsible, by osmotic pressure, for keeping fluid in the blood vessels. It is fairly well agreed that when plasma protein is reduced below the normal of about 7.0 grams per cent, fluid begins to leave the blood vessels and results in first a latent, then evident edema.

This complication must, of course, be avoided. The plasma protein and the stored protein in the body complement each other. It is of interest that in other conditions when plasma protein loss occurs, there is also a reduction in the stores of easily mobilized proteins in other parts of the body. This is true except in extreme losses due to emergencies.

This nutritional edema may be complicated by other factors, including rarely, the beri-beri edema of extreme thiamine deficiency. Cowgill has shown that there is a close relationship between certain of the vitamin deficiencies and alterations in gastrointestinal motility, such as diarrhea from pellagra (nicotinic acid deficiency), and stasis from thiamine deficiency. Because of the interrelation of food factors, the relation of nutrition to surgical procedure takes on added importance.

Wound healing is also dependent upon other than proper care of the wound as such. Experiments have shown that dogs on a prolonged low protein diet have suffered retarded wound healing. We know that tissue repair requires protein, and when the essential amino acids are absent or below par growth cannot take place. These "building blocks" of the body must be present when repair is essential.

Goldschmidt and associates have collected data over a period of years on the susceptibility of certain tissues to injury by a variety of chemical agents. They believe that this injury may be influenced by the composition of the



BOMBED AT

Bataan



organ at the time. They have found that a high carbohydrate diet is protective while one of high fat content induces maximum susceptibility of hepatic cells when the liver is exposed to chloroform. Fasting has been found to increase this susceptibility.

As for the reason for this reaction, it is believed that the high carbohydrate intake tends to spare the protein stores while the low fat diet is necessary in order to decrease concentrations of lipid. The high-carbohydrate-high-protein dietary seems to be most efficient in liver conditioning. This assures adequate glycogen, low lipid and high protein concentrations, and so will aid in holding injury to a minimum and pro-

vide for most rapid repair when the liver is exposed to hepatotoxic agents. While most of this work has been done on the liver, many authorities believe the same facts will hold true for other organs.

But protein is not the only factor concerned with wound healing. Vitamin C studies have shown the necessity for increased amounts of this vitamin. In cases of gastric ulcer, cancer, duodenal ulcer and biliary tract disease the diet is often deficient in both protein and vitamin C. Studies show that when vitamin C was added, wound healing progressed more normally.

Vitamin C controls formation of intercellular cement substances and is al-

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Scrub-up time in Bataan found nurses stripped for action. Personal laundering facilities were better in the river than in their open-air hospital, hacked out of the jungle.

Photos from Acme and Wide World

Primitive as the plumbing was the O.R., a tent in the jungle clearing. (Left) Nurse Ethel Thor, helps recover a Jap bullet from a Filipino victim.

Guarding banana and palm-tree shrouded nurses' quarters, Capt. M. C. Davison and 2nd Lt. Helen Hennesey, ANC, wear Army shirt and Air Corps overalls. Latest news dispatches record safe arrival of nurses on Corregidor.



so thought to exert an effect upon erythropoiesis as well as influencing various oxidation-reduction processes of the body.

A very complete study by Bartlett and associates at Massachusetts General Hospital concludes that the very rapid clearance from the fasting blood of vitamin C, administered intravenously following operation, may be indicative of an increased need for it. This substance may be needed in greater amounts for the process of tissue repair and wound healing. Several studies have also been made on the relation of vitamin C to hemoglobin regeneration. However, while success has been reported by the use of orange

juice, the same results have not been seen with the synthetic vitamin. The presence of vitamin B in the orange juice is thought to have some influence upon the good results.

Perhaps no development in the vitamin field of recent years has been more fully dramatized than that of vitamin K and its uses. The precious stuff has been flown by airplane and delivered in equally spectacular manner. News writers were delighted and even as clinical circles were searching for the chemical structure the story was being spread. It started in Denmark when a group of chicks, to be used in fat metabolism tests, all died. Professor Dam wasted little time in just wondering

why they had died of internal hemorrhages. . . he started to find the reason. It was decided that they had died for want of an unknown vitamin. . . and it was named K. The concentrate was laboriously extracted from alfalfa. Then the spectacular deliveries were made to distant points to save those who were suffering from obstructive jaundice.

Lack of prothrombin was known to be the essential feature of several pathological conditions. Next step was the use of the new-found vitamin on newborn infants with the so-called "hemorrhagic disease of the newborn" (a name that showed how little was known about it). Many babies were saved when the clotting time of the blood was abnormal due to prothrombin deficiency. Next it was found that the vitamin could be given to the mother a few weeks before term. This simplified the problem and today it is used routinely by many physicians.

Vitamin K has also proved of value as an adjunct in the treatment of hypoprothrombinemic conditions with or without active hemorrhage. Response is excellent in almost every case due to inadequate vitamin K intake or absorption, unless a severe depression of liver function is present. Bile salts are necessary for its absorption from the intestine.

Today the excitement has subsided, but vitamin K is well established for use² in pre- and postoperative care. Tablets, gelatin capsules, and sterile water-soluble solutions of the vitamin are available. The story of vitamin K—the "surgical vitamin"—will probably go down in medical and nutrition history as a notable one that started in Denmark with a group of chicks.

Thiamine deficiency may be evidenced by anorexia, vague nerve and muscle pains, edema and lack of gastrointestinal motility. Its later stages are peripheral neuritis, or edema, or myocardial weakness. Nicotinic acid deficiency is a frequent nutritional complication of surgical cases. Finding of a

red atrophic tongue seems to be an almost specific sign of this vitamin lack, and later diarrhea, psychosis, and the typical dermatitis of pellagra may develop. Many of the signs frequently seen postoperatively such as cheilosis, edema, glossitis, stomatitis, and delirium are common signs of the B avitaminosis. Because incidence of B vitamin deficiencies is very common this group is of special interest to the surgeon.

There are some general pre- and postoperative suggestions that may be overlooked because of their very simplicity. Feeding after an operation is complicated by many things. The type of operation, anesthetic used, previous state of nutrition and occurrence of complications must be considered. No hard and fast rules can be established. Each patient presents a different problem. Each must be studied as such.

Anorexia, usually after a chronic illness, may be present. Sometimes fear of upsets is the reason. Emotional disturbances, here, as always, may be the vital factor. Lack of physical exercise may be another possible cause. Very often the menu may not be pleasing, the tray unattractive or portions too large. Well-meaning friends or relations may bring tasty bits to the patient that spoil the appetite for regular meals. Here the nurse can observe and remedy.

Fundamental, however, is that general nutrition must be sustained if recovery is to follow. If the patient is very young, or nutrition was severely impaired before operation this becomes doubly important. Most patients begin to eat normally a few days after the operation. Well-balanced dietaries become, then, an integral part of convalescence. At this time the nurse can do an excellent job in assuring balanced meals and at the same time help to educate the patient in the fundamentals of proper diet. Knowing that in many cases the condition has been complicated by suboptimum nutrition [*Continued on page 38*]

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Collector's Corner

ROBERTA MATTHEWS, EDITOR

• "Use your hobby to help win the war" is the slogan recently adopted by The Hobby Guild of America. Urging sacrifices on the part of some collectors whose hobbies might impede the total war effort, the Guild suggests logical substitutes for the duration. If you have been an ardent Sunday driver, for example, join a hiking club; if a philatelist, collect defense savings stamps. Women who have devoted leisure hours to handwork could offer their services to the Red Cross, says Albert Bassuk, president of the Guild, in his "ten war commandments for hobbyists." Since metals and rubber goods are two of the basic shortages, collections composed of these materials might be turned over to the Government. If you make this patriotic gesture, by all means launch another hobby immediately. Its novelty may inspire greater zeal and enthusiasm on your part.

A member of R.N.'s Collectors' Corner, Violet Michalik, led the parade by exchanging a fine collection of coins for defense bonds while the marines were still holding Wake Island. "It's the least one can do," she wrote.

Now for this month's special items wanted or offered:

STUDENT NURSE DOLLS: I'm an avid collector of small dolls representing hospitals both here and abroad. Will be glad to pay postage or exchange for small dolls dressed in the uniform and cap of



Surgical nurse Marie Nutt, is scissor collector, arranging implements of her trade in weird, but effective geometric pattern.

your training school. Information necessary: Name, location, bed capacity, year of your graduation, and number of students in your class. (Mrs.) Naomi Simonson, 213 N. 7th St., Las Vegas, Nev.

POEMS: I already have a large collection but am eager [Continued on page 39]

Base for Mexico's portable eye hospital is this streamlined building. From this center medical, surgical, and nursing care are distributed to all parts of the Republic without charge. Later this year it will house an eye school for nurses.



Blitz

AGAINST BLINDNESS

BY BEATRIZ CARRASCO, R.N.

• Last Spring, a number of Mexican *peones* were startled out of their *siestas* by a snorting steel monster. The apparition plowed through the peasants' field, lumbered up mountain burro paths, stuck its snub nose into tangled jungle trails, even waddled like a giant turtle through shallow lakes. It might have been a stray unit from a Panzer division. Actually, it was neither a Frankenstein nor a Nazi invader but the world's first portable eye-hospital.

I was one of three professional passengers aboard this unique institution on its trial run. The others were Drs.



The unit's nurse gives bedside care and simple treatments, serves also as operating room assistant, pharmacist, laboratorian—and cook.

Jose Saenz Canales and Rodolfo Juarez, who had given up lucrative private practices to participate in an experiment they had faith would revolutionize treatment methods south of the border. A fourth and final member of our party was Luis, our chauffeur.

For a month-and-a-half, our clinical

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Zacapoaxtle's notorious rainy season has proved the practicality of the motorized unit. Staff crossed rushing torrents via home-made bridges, splashed through lakes of rain and mud in pursuit of duty to patients' welfare.



was then that our sponsors—the *Asociacion Para Evitar La Ceguera**—announced that our expedition had proved the practicability of motorized medical and nursing care for those threatened with sightlessness.

One result was the Association's decision to dispatch preventive and curative facilities to the remotest corners of the Republic in nine more hospitals-on-wheels; the advance guard, many believe, of future mechanized divisions representing every branch of medicine. Another is its plan for a school—slated for opening later this year—to train nurses in this specialty. Nor is that all. Among professional observers who reported favorably on our medical meanderings were scouts from a famous North American research institute. Officials of this organization are studying the possibility of starting a similar service for rural regions of the United States.

The originator of Mexico's itinerant eye-infirmaries is *Senora Adela For-*

*Association for the Prevention of Blindness.

Now humble peons, who never before knew a doctor, benefit by the use of latest therapeutic and diagnostic aids—such as this color camera.

caisson went jogging along. We travelled a thousand miles in four States, paid medical calls to twenty-eight *pueblos* previously beyond specialized medicine's ken, and took the latest therapy to 1,380 patients who had never known a doctor. But our greatest thrill was reserved until after our return. It

moso de Obregon Santacilia, wife of a well-known Mexico City architect. Reading about mechanized military-hospitals, she conceived the idea of waging a humanitarian blitzkrieg against blindness.

Venereal ophthalmia, cataracts, and onchocerosis run rampant below the Rio Grande. As long ago as 1918, the Mexican medical profession recognized that control of these conditions by ordinary methods was almost hopeless. In that year, a Mexico City ophthalmologist, Dr. Jose Terres, finding his private office swamped with such charity cases, suggested to fellow specialists that they join him in a joint war on these diseases. Backed by a few interested laymen, the physicians leased a ramshackle office and donated their spare time, ability, and equipment to anyone in need of them.

None of these patients ever received a bill. Neither did the doctors seek a *centavo* of government assistance. Yet the Association that thus came into being has never lacked medical talent or

financial support. The country's leading eye-men contribute their services without compensation. Gifts from a grateful public have built and now maintain the ultra-modern hospital the A.P.E.C. occupies in the shadow of Mexico City's colossal Monument to the Revolution.

In this small but superbly-equipped building, the Association carries on in the spirit of its founders. The shingle over the door reads: "*Consultorios Gratuitos—Consultations Free.*" Those who enter are given whatever they need—treatment, medicines, surgery, nursing, board-and-room—without charge. Of the innumerable stricken who have passed through this portal in the past two years, more than 200,000 have walked out with their sight preserved or restored. That's not a bad record for an institution with sixteen beds, thirteen doctors, and five nurses.

It still failed to satisfy Dr. Terres and his associates. They were saving the eyes of thousands in Mexico City and environs, it was true. But out in



Eternal Vigil: *The nurse's stellar role in reducing infant mortality is symbolized in this photograph, dedicated to the nursing profession by The Mennen Company during National Baby Week.*

ON THE RED CROSS RECORD

the vast wilderness of desert, mountains, and jungle that the natives mis-call "Little Mexico," many thousands more were being doomed to darkness—simply because the care that could cure them was not available. Sometimes, means of transportation were missing. More often, the victims couldn't afford carfare to the capitol.

At this stage, *Senora* de Obregon stepped into the picture. If some patients couldn't come to the hospital, she told the doctors, then the hospital would have to go to them. "How?" they wanted to know. "On wheels!" she answered, displaying a rough design of what she had in mind. The doctors were almost convinced—but not quite. A strong, steel-encased truck such as the *Senora* described might do the job, they admitted. But it would have to be able to traverse Mexico's roughest roads—those formidable barriers so often cited as the nation's best defense against invasion! It would have to carry enough men and material to staff a field hospital—yet be convertible, in emergencies, into a treatment center, ambulance, or operating room. Where, they asked, was the vehicle that could meet such requirements?

Local Chevrolet officials, called into consultation, didn't know. But they thought one might be built for 8,000 pesos—about \$1,700. An additional 3,500 pesos a month, it was calculated, would be necessary to keep it on the road. Armed with these figures, *Senora* de Obregon skipped off to spread her enthusiasm among wealthy friends. In a short time, she was back with the cost of the car and a test-trip.

On May 1, 1941, the dream materialized. Trig as a cruiser in its brand-new coat of battleship grey, the portable hospital rolled up to where I was waiting to take my post as its nurse. The job called for me to be a sort of Girl Friday to the clinical Crusoes of its staff. Besides bedside and operating room duty, I [Continued on page 42]

● An ugly story is going around which may have already caught up with you. . .

It seems that the wife of a physician now stationed in Honolulu "heard it for a fact" from a friend who was there and saw it "with her own eyes." According to the yarn, there were no nurses on the job in Pearl Harbor and if it had not been for the doctors' wives and civilian women goodness knows what might have happened to December seventh's casualties. . . "Where," queried the friend-of-a-friend-of-a-friend who told the story, "was the Red Cross?"

The record is now ready for inspection, via Agnes V. Peterson, chairman of the Red Cross Nursing Committee of Hawaii, who reports 1,238 graduate Red Cross nurses immediately volunteering for service on December 7th. Many were wives and daughters of military personnel, temporarily or permanently retired from professional life. They reported in for various emergency duties and not one questioned her assignment, hours of work, or status. Here are a few examples of what Red Cross nurses were doing and where they were during the Jap surprise attack:

A veteran of World War I was assigned to night duty in Ward No. 6 of an Army hospital. "That put the clock back twenty-four years for me," she writes. "For that was the ward in which I did duty in 1918! How little did I think then that twenty-four years later I would be on duty in the same place during another war."

A reserve nurse on active duty in an Army hospital at the time of the attack pays tribute to the officers and men of the medical department and to the Army Nurse Corps for their skill and bravery. "Bombs were dropping in the vicinity and machine-guns were firing all around. Nurses and up-patients went to the open porch and, looking up, could plainly see

the symbol of the Rising Sun on the low-flying planes. While the firing continued, we detailed up-patients to carry out the bed-patients in the event orders came to evacuate. There was no sign of panic. . . About the fourth day one of the medical corpsmen told us there were fourteen bullet holes in the porch of our ward. . ."

Activities of first aid stations which had been organized before the attack consisted largely of caring for minor injuries and housing and feeding women and children evacuated from danger zones. A Red Cross nurse volunteer, in charge of one station, reports: "I answered the radio appeal for the First Aid Unit at 8.30 A.M. and helped two of our men members break down the school house doors and open our supply closets, since the Supply Sergeant who had the keys was not available. We set up our station as soon as we had cleared the cafeteria, which served as our operating room. We were fortunate in having no major casualties, though we worked unceasingly to prepare for them. Our greatest difficulty was to eject the well-wishers. . ."

A Red Cross nurse who volunteered her services at a plantation hospital writes of working during the blacked-out nights with the feeble aid of a blue-covered flashlight. "The light cast a weird shadow on the faces of patients already unrecognizable by the charred flesh and violent pur-

ple coloring of Gentian Violet. We spent the night stumbling up and down corridors, sneaking in doors to prevent the escape of dim light from the heat cradles, feeling for feeble pulsations in temples or wherever the flesh was intact. The only natural part of the strange night was the intermittent crying of babies in the nursery at times when they felt they were entitled to food regardless of bombings."

Several of the nurses were called for Red Cross convoy duty to accompany the wounded who were being evacuated to the Mainland. Writes one nurse: "I received a call to go on convoy duty. Needless to say, I was packed in thirty minutes; I had only one hour in which to get ready and meet the other nurses. We were transported to the boat by the Red Cross Volunteer Motor Corps. . . After arrival on the ship, we proceeded to make up 125 double-decker bunks. . . We had just finished this job, when patients were brought on board. It took us the rest of the day to get them placed and made comfortable for the trip. When we sailed we were hardly aware that we were moving away from Hawaii. . . Upon our arrival in port, the patients were placed on cots and covered with nice warm blankets brought for them by the Navy Corps. Red Cross canteen workers were there to serve patients and nurses coffee and sandwiches. Thence they were transferred to hospitals."

Even in the Honolulu disaster, the humdrum as well as the dramatic had its place. "The sheriff called me on the day of the raid to stand by," one girl writes. "I stood by for three days and nights and all I got out of it was a bad cold. I prayed that no one would have to depend on me for anything until I got well!"

One of the early activities of a few of the Red Cross nurses was the teaching of a large number of lay women to make surgical dressings. Others taught home nursing. . . A program of supplementary education in the special treatment of war injuries has now been inaugurated for graduate nurses to keep them up to date on new developments.

Official files are full of similar reports demonstrating that the response of volunteer nurses to the emergency in Hawaii was gratifying. All of which suggests that when you hear a tale criticizing nursing, "It ain't necessarily so. . ."—J.D.

SOLICITOUS "SMITH"

He calls himself "R. E. Smith" and he may turn up variously as a subscription salesman for R.N. or as an R.N. representative seeking lists of names of individual nurses or alumnae association members.

Please! We have no such representative. We do not sell subscriptions. Our mailing list is kept, checked, and added to here in Rutherford. The names of all our accredited representatives appear at the bottom of the contents page. Cooperate with R.N. by not co-operating with the mysterious "Mr. Smith."

—THE EDITORS

MAY—R.N.—1942



VITAMINS FOR THE 'MEDICINE SHY'

There are ever so many patients, adults as well as children, who really need vitamin supplements but shy away from the usual fishy preparations, or indeed anything that is even *suggestive* of medicine. Cal-C-Tose 'Roche' was developed for just that type of patient. While Cal-C-Tose contains generous amounts of five essential vitamins (A, B₁, B₂, C and D) together with dibasic calcium phosphate and other valuable minerals, it carries no suggestion of medication. Added to milk it makes a rich, appetizing, chocolate-flavored, malt drink that is bound to please any "medicine shy" patient—and because of its appealing flavor, Cal-C-Tose encourages an increased daily consumption of milk in those who may dislike it. Cal-C-Tose is delicious served either as a hot chocolate or as a cold, refreshing milkshake. Supplied in 12-ounce and 5-pound containers . . . HOFFMANN-LA ROCHE, INC., ROCHE PARK • NUTLEY, NEW JERSEY

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These ingredients are adjusted to each other and to the physiology of the colon so that a comfortable evacuation is obtained without cramps, griping or nausea and within a dependable time interval—6 to 12 hours.

The average dose is 1 to 6 tablets, best taken before retiring. Supplied at all prescription pharmacies in bottles of 50 tablets.

Taxol is a strictly ethical product. It has never been advertised to the lay public.

Complimentary samples of Taxol Tablets available to registered nurses for their personal use.

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LOBICA INC.**

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Calling

ALL NURSES

Is there someone in the profession you'd like to locate? You may insert here, without charge, a 75-word notice. Items will be published in the order received. Be sure to include your full name and address so that replies may reach you. Address the "Calling all nurses" editor.

ST. AGNES HOSPITAL GRADUATES: (Philadelphia, Pa.) You are cordially invited to attend the second annual Communion Breakfast on Sunday, May 31, at the hospital. For reservations write: Clara Budell, 5701 Springfield Ave., Philadelphia, Pa.

HELEN MOORE: Post Graduate Cleveland City Hospital, Class of '22. Your pin was picked up in the May Company. Please send your address so I can send it to you. V. Gernhard, The May Company, Cleveland, O.

MERCY HOSPITAL ALUMNAE: (Chicago, Ill.) The Mercy Hospital School of Nursing will hold a reunion luncheon for all graduates on Wednesday, May 20th. Let's make this a great get-together during the Biennial.

MARY MAC LEAN: Scotch nurse from Glasgow who took post-graduate training at New York Nursery and Children's Hospital about 1930. If still in the U.S.A., please write me. Florence E. Hunter, 2nd Lieutenant, Army Nurse Corps, Fort Benning, Ga.

IDA MOSS: Danville State, Class of 1929. I'd like to hear from you but no longer have your address. Please write. Pauline Krebs, R.F.D. 5, Danville, Pa.

SIBLEY MEMORIAL HOSPITAL GRADUATES: (Washington, D. C.) The annual general alumnae meeting will be held at 3:30 p. m., May 26th, in Rust Hall. All graduates are urged to come back for this

MAY—R.N.—1942

One thing you can see for yourself+

● Strap a Gruen Veri-Thin on your wrist and you'll marvel at its beautiful slenderness! Actually, the downward slant of the case makes its sides and ends 50% thinner. This is one of the important reasons why a jury of America's most respected fashion designers has acclaimed Gruen as "America's best-styled watch."



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Gruen watches, at Gruen jewelers only, from \$24.75 to \$250; with precious stones to \$4000. Write for free Folder "L." The Gruen Watch Company, Time Hill, Cincinnati, Ohio, U. S. A. In Canada: Toronto, Ontario.

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This diagram shows how the full-size, rugged working parts of the Veri-Thin movements are brilliantly arranged to fit completely within the thin, curved case without sacrificing accuracy or dependability. By this ingenious arrangement of the wheel-train, it is possible to slope the case downward on both ends and sides for extreme thinness and streamlined styling.

Reg. U. S. Pat. Office. Patented U. S. Patent No. 2,194,452. Canadian Patent No. 389,616. Copyright 1939, by The Gruen Watch Company.



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**It spreads so easy—smooth and neat,
And never smears! It can't be beat!**



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—white all through the bottle. That's
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over. Try Energine Shoe White. Get it at
your drugstore—and see the difference!**

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reunion. Keep your interest and loyalty burning bright in these trying days. Harriett Riley Dutton, President L.W.H. N.T.S. and S.M.H. General Alumnae. Sibley Memorial Hospital, Washington, D. C.

BELLIN MEMORIAL HOSPITAL ALUMNAE: (Green Bay, Wis.) We are celebrating our 30th reunion anniversary on June 13th, and are eager to contact all members whose addresses we do not have. Betty Schink, Secretary, Bellin Memorial Hospital Association, 744 S. Webster Ave., Green Bay, Wis.

ELLEN RAY: Graduate of Philadelphia Hospital. Last heard from on Long Island but no other address. Please write. Mrs. Merritt Skinner, 12 Bennett St., Hornell, N. Y.

PENNSYLVANIA STATE ALUMNAE: Can anyone tell me where I may obtain a Pennsylvania State Board pin? Mine was stolen from me several years ago and since then Pennsylvania has ceased issuing pins. Mary B. Reed, 139 E. 30th St., New York, N. Y.

Nutrition

[Continued from page 28]

states, she can be a means of encouraging him to a better understanding of the fundamentals so necessary for recuperation and maintenance of a positive health state. The lessons learned from the nurse are not soon forgotten. She is a symbol of authority to the patient and as such is in a position to help him in his future life at home. Many patients would not be in the hospital if the eating habits had been subjected to changes through sound nutrition information.

A better understanding of the nutritional status of the patient will undoubtedly lead to better final results. Nutritional state seems to bear a direct relationship to general resistance. Many of the complications of the past can, to a large extent, be prevented when the storehouses of the body are kept filled.

At present there seems to be no limit to the possibilities of proper food management. Diseases which apparently have no relation to the dietary may be caused by certain food deficiencies and therefore may be cured by diets which are adjusted accordingly. In face of the almost day to day increases in dietary knowledge, we can only echo the Government's cry for better health through nutrition information and its proper application. As nurses, you have been given valuable tools with which to aid in promoting a better, stronger, happier race of Americans.

[Send stamped, addressed envelope for a bibliography on the facts discussed in this article.—THE EDITORS.]

Collectors' Corner

[Continued from page 29]

for more poems about nurses and doctors. Any with hospital theme acceptable. Perhaps I can exchange with you. Mrs. W. R. Baxter, 16 Franklin St., Delhi, N.Y.

CUPS AND SAUCERS: Perhaps I will be able to exchange for your hobby. Irene Ratcliffe, 3416 Cornell St., Dallas, Texas.

QUILT PATTERNS: I have hundreds of patterns for patchwork quilts, the oldest form of feminine handwork known. (Mrs.) C. F. Galbreath, 601 Irving Ave., Dayton, Ohio.

ANTIQUE BUTTONS: Would some of you button-collectors like to exchange with me? I have jet, pearl, glass, and many ornamental types. I also collect antique jewelry—not necessarily solid gold or precious. If satisfactory, I'll be glad to purchase the latter and pay postage. Jeanette Rea, 1379 Belt St., St. Louis, Mo.

SALT AND PEPPER SHAKERS: My sister, who has been partially crippled for fifteen years, is a great collector of salts and peppers. I'll do my best to exchange. Edith Noyce, 6544 Spencer St., Benson Sta., Omaha, Neb.

TOKENS: I have metal street car tokens from twenty-five cities and hope to have



M. BURNEICE LARSON, Director

Once upon a time, qualified supervisors were at something less than a premium. Remember? RN's of the non-aggressive type may have sighed briefly as they pocketed post-graduate certificates and returned to general duty—but they had no choice—once upon a time.

But now! The RN qualified for something more than general duty may select from a survey we'll gladly supply the position she desires in the section of the country she prefers. She may choose between old-established institutions and newly dedicated hospitals . . . between clinic and office appointments . . . between appointments in this country and in combat zones.

Your name and address on a postcard (be sure to mention you're an RN!) will bring one of our registration forms to you by return mail. This form will tell us all about you and your likes and dislikes. We can then submit for your perusal—within a few days—a survey of opportunities suited to your individual requirements. Your correspondence with us will be confidential. Write us today—won't you?

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Director, THE MEDICAL BUREAU

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to you for **COMFORT-**



Look to **MENTHOLATUM**
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Mentholatum also allays irritation of the nasal membranes and helps open stuffy nostrils due to a cold, thus enabling the patient to get more refreshing sleep. For free sample send to Mentholatum Company, Dept. N10, Wilmington, Del.

MENTHOLATUM
Gives COMFORT Daily

two from each city in the country. Two are necessary for mounting properly. May I exchange with you or, at least, pay postage? Esther McClain, 115 D St., S.E., Apt. 25, Washington, D.C.

STANDARD OIL COLORED PRINTS: I am hoping to complete my collection, and am especially eager to have pictures of Glacier and Yellowstone National Parks, Mt. Baker, Butchardt's Gardens, Lake Chelan, and White Sands. Will gladly pay postage. Lorraine Stassen, 824 W. 54th Pl., Chicago, Ill.

WAR COVERS: My new hobby is collecting censored and other war covers from nations involved in the present conflict. I'll exchange with other R.N.'s and answer all letters. Lillian Dunlap, East Moriches, N.Y.

PITCHERS: Size, shape, and color are immaterial. I like all kinds. What can I send you in exchange? Ethyl Fry, 305 E. 8th St., Coffeyville, Kan.

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American Can Company, 230 Park Avenue, New York, N. Y.

(1) 1926. U. S. Dept. of Commerce, Bureau of Fisheries, Document No. 1000.

1934. U. S. Pub. Health Reports 49, 754.

1937. U. S. Dept. Agr. Misc. Publ. No. 275.

1938. Food Research 3, 549.

1939. U. S. Dept. of Commerce, Bureau of Fisheries Investigational Report No. 41.



The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

of address in the Collectors' Corner. Instruct your local postoffice to forward mail.—THE EDITORS.]

Blitz against blindness

[Continued from page 33]

was to assist with treatments, take charge of the built-in pharmacy and diagnostic laboratory, and cook for the crew. As we couldn't count on obtaining food in many places we were to visit, I was also entrusted with the purchase of provisions for the journey. Some "woman's intuition" told me to add four folding-cots, an alcohol stove, shovels, and heavy ropes. My insistence upon these domestic accessories caused some jokes on the part of my fellows. Later, we all had occasion to be grateful for their services.

Laden down like a mammoth mechanical mule, we got under way amid a chorus of cheers from the nurses and

doctors left behind us. Our route had been carefully mapped in advance. It was to include a series of three-day stops at isolated communities chosen for their lack of specialized care. At each of these, somebody—a local G.P., Red Cross station, or Federal health bureau—had consented to furnish us with working-space. We were expected, of course, to bring our own drugs and instruments. To attract patients, we borrowed a trick from the old-time medicine shows. Colorful posters heralding our coming had been mailed to authorities, who were to hang them where they couldn't fail to be noticed by every family in the vicinity.

As we settled down for the long ride to the first village on our list, doubts began to replace my natural pride at being part of such an entourage. Would enough patients respond to our offer of free care to repay our well-wishers' trouble and expense? It was a fair

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OF COURSE! MINE ARE MADE OF WHITE KIDSKIN... **LEVOR** KIDSKIN... THAT'S THE FINEST LEATHER

MOST NURSES WEAR **LEVOR** WHITE KID SHOES. THEY MAKE YOUR JOB EASIER BECAUSE NO LEATHER IS AS KIND TO YOUR FEET AS KIDSKIN

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MAY—R.N.—1942

DRAMATIC EVIDENCE
of the unusually rapid action
of
MAZON in the treatment of
SKIN CONDITIONS



PHOTOGRAPHED FEB. 2, 1942

The patient in this case study had tried many skin preparations through an entire year of eczema suffering, without obtaining noticeable results. Yet, incredible as it may seem, 10 days after treatment with MAZON, the condition had cleared.

MAZON is indicated for the relief of externally caused Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin disorders.

Suffered eczema one year
MAZON
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IN 10 DAYS!

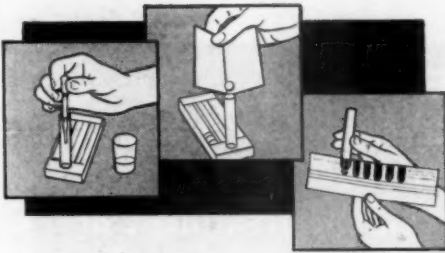


PHOTOGRAPHED FEB. 13, 1942

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Note these practical advantages: A test can be made in less than 1 minute • No complicated equipment • No heating • No liquids to spill • Small, compact, portable in pocket or bag.

And Clinitest is Reliable—The CLINITEST Method employs a modification of the well-known copper reduction method of Benedict, showing the familiar progression of colors from blue through green to orange, and indicating sugar at 0%, $\frac{1}{4}\%$, $\frac{1}{2}\%$, $\frac{3}{4}\%$, 1% and 2% plus.

Economical—Complete set (with tablets for 50 tests)—costs your patient only \$1.25. Tablet Refill (for 75 tests)—\$1.25.

Write for full descriptive literature.

Available through your prescription pharmacy

EFFERVESCENT PRODUCTS, Inc.
Elkhart, Indiana



question. In many parts of Mexico, the existence of modern medicine is not suspected. When sick, people entrust their lives to a *curandero*—Mexico's prototype of the North American Indian's medicine-man. Despite their weird remedies—rubbing a sty with a dead fly is one of them—these “herb doctors” wield considerable influence. And the moment they saw that we would provide them with “competition,” I knew they would do everything in their power to make our medical lives miserable.

These thoughts were interrupted by a jolt that lifted me out of my seat. Our caravan had jerked to a halt. Craning my head out the side-window, I soon spotted the cause. Ahead of us in the road was a straw-sombreroed, saraped *peon* of the picture-postcard variety. With one hand, he was trying to hold a burro quiet long enough to land a solid kick on the animal's underparts; with the other, he was attempting to stifle a flow of blood from his eyes. The burro was enduring it with a patience that hinted he had not been innocent in the injury of his master.

But my companions had no eye for the humor of the scene—only for the source of the bleeding. “Come on,” they yelled to me, and were themselves out the door in three shakes of the burro's tail. An examination showed our patient to be suffering nothing more than slight cuts around the eyes. He had been unseated, he explained, during one of those moody spells that overtake the best-natured burro at times; in the fall, his eyeglasses had been broken. After administering first-aid and promising to ship him duplicate glasses as soon as we got back to Mexico City, we left him somewhat dazed by our solicitude. We didn't tell him the reason—that he was our first patient—as he was frightened enough as it was.

The moment we pulled into the plaza of our first town, I realized how foolish

MAY—R.N.—1942

Hyperidrosis CHECK MATES



Two "check mates" in guarding against the discomfort and embarrassment of axillary hyperidrosis—Nonspi liquid and Nonspi cream. Both are truly effective in their way, yet each may fill a special need in the problem of personal grooming. Here are two suggestions:

When "in a hurry" use Nonspi cream whenever you want to freshen up, or desire only temporary protection from perspiration. It may be applied quickly and freely, and will give adequate results for twelve hours or longer.

For longer protection use Nonspi liquid whenever you desire one to three days' protection with one application. It should be applied at night before retiring, and for best results should be used according to the specific directions given on the package. Nonspi liquid is especially recommended for those who perspire excessively.

NONSPI If you are interested in giving either Nonspi liquid or Nonspi cream a trial, please write us. A professional supply of either form is yours for the asking.

THE NONSPI COMPANY, INC., 113 West 18th St., New York City



**NURSES NEED
NOT SUFFER...from
Tired, Aching Feet**

Insure all-day ease and comfort by dusting ALLEN'S FOOT-EASE on your feet, between the toes, and in your shoes each morning. It tends to dispel foot odors and its antiseptic qualities guard against "Athlete's Foot." Try it before going on duty. You will be delighted how this soothing, efficient powder gives you refreshing comfort throughout the day.

In two economical sizes at Drug and Dept. stores. For Free Sample address:
ALLEN'S FOOT-EASE
Dept. RN, LeRoy, N. Y.

Allen's Foot-Ease

NEW



**VISIBLE
IN THE
DARK**

Actual size
3 1/4" diameter

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**WE COULDN'T GET ALL-METAL
EMBLEMS—we found BETTER
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This new, beautiful, Pyrallector type automobile emblem, made of plastic and just a little bit of metal, is just as sturdy and weather-proof and is visible in the dark. We think it is actually better and that it looks better than the old emblems which we sold at \$2.00. Order directly from

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**PLASTIC
AND
METAL**

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**ONLY
\$1.00**

had been my worries over any possible patient-shortage. Men, women, and children were lined up before our headquarters like *aficionados* at the ticket-window of a bullfight. At the sound of our motor, they turned supplicating faces toward us, and it was quickly apparent that, for the majority, we had come too late. All around us were grey smudges where eyes should have been; the terrible trademark of untreated venereal ophthalmia. Apart from the children, the most pitiable were the young men. Many had the bodies of Greek statues—and the same unseeing sockets. I began to appreciate the enormous extent of the problem confronting us—as well as how much our efforts would have to be intensified to alleviate it.

It was the same wherever we went. In the south of Mexico, we encountered onchocerosis in thicker concentration than exists anywhere outside Africa. In some sections, fully five-sevenths of the population were infected. There was little we could do for most of these people—except to compile data and hope that some day it would be useful in leading to discovery of a cure for this condition. We had been warned that if we were bitten by the mosquito that carries this plague, our fate would very likely be worse than *Padre Damien's*. But the doctors soon forgot the danger in their delight at discovering what they called "so many golden opportunities for research." I confess I couldn't wholly share this laudable scientific attitude. Throughout our stay in the onchocerosis country, I slept in shrouds of mosquito-netting, and several times was awakened by a buzzing that fortunately turned out to be the product of my imagination.

On arriving at a settlement, we kept to a standard routine. The first thing we did was set up our office. We were usually ready for our first patient by eight o'clock the following morning—at which time a flock of early-birds were



OFF TO A GOOD START

"During pregnancy the mother must be supplied not only with all the nutritional factors necessary for her own well-being but, in addition, nutritive substances for the developing offspring . . . In this regard special consideration must be given to the so-called 'protective' foods, namely, the *minerals, vitamins* and 'good' *proteins*."^{*}

To get the little one off to a good start—to supplement the intake of vital basic nutritive, protective, body-building and body-conserving elements—remember the clinical advantages of

HORLICK'S FORTIFIED

Well-Rounded Nourishment

—practically doubles the nutritive value of the milk
—rich in easily digested proteins.

Plus Vitamins—enriched with Vitamins A, B₁, D, G, affords a recognized, adult daily minimum requirement.

Needed Minerals—prepared with milk, Horlick's is rich in the vital bone- and tooth-building elements, calcium and phosphorus.

Recommend

HORLICK'S

The Complete Malted Milk—Not Just a Malt Flavoring for Milk

^{*}Watson, E. M.: Nutritional Requirements During Pregnancy, Can. Med. Assn., 1939.

HORLICK'S

New *under-arm*
Cream Deodorant
safely
Stops Perspiration



1. Does not harm dresses, or men's shirts. Does not irritate skin.
2. No waiting to dry. Can be used right after shaving.
3. Instantly checks perspiration for 1 to 3 days. Removes odor from perspiration, keeps armpits dry.
4. A pure white, greaseless, stainless vanishing cream.
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Arrid is the largest
 selling deodorant
 ... try a jar today

ARRID

39¢ a jar

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 (Also in 10 cent and 59 cent jars)

already perching on the benches which were the best we could offer in the way of a reception room. With a brief time-out for lunch, we took on one patient after another until six in the evening. Even the lunch hour wasn't much of a rest period for me, since I had to cook the *comida* and wash the dishes. My nights were largely taken up with putting equipment in order, checking case-histories, compounding prescriptions, and preparing food for the next day. Many of my waking-hours were spent in the "operating room." Normally, this was just one of the rooms in the building assigned to us, although sometimes, because of its better asepsis, the doctors preferred to use the rather cramped interior of the car. And once or twice we were forced to disregard our time table to speed serious cases to Mexico City for hospitalization.

Our biggest problem was not medical. It rose out of the state of the roads, which were hardly more than dirt paths. Almost impassable at any season, they were transformed by the Summer rains into treacherous seas of mud. It was possible to keep the hospital from sinking into this mire only by fastening special chains around the tires. Despite this precaution, we frequently had to resort to the no-longer-despised shovels to dig ourselves out. Once we were bogged down for an entire night. I remained in the car for ten hours until the men, who had gone out in three directions in search of help, came back with a force large enough to drag us to dry land. At Zacapoaxtle, in the State of Puebla, our path was blocked by nothing less than a lake, formed by the heavy rains. It was too wide to go around—and we hated to turn back. There was only one alternative. We plunged in—hospital and all—and somehow managed to splash through safely to the other side. I sometimes wonder what we would have done if we had been caught in the middle. Probably we would have had to "aban-

It takes more than Steel to Make a TANK...

'RIBOTHIRON' TABLETS (Sugar-coated, green) **'RIBOTHIRON' ELIXIR** (Alcohol, 10 per cent)

Each tablet contains: Each fluidounce contains:

3 gr., excised. Ferrous Sulfate. . (U.S.P.) 20 gr.
equivalent to 4.3 gr., U.S.P.

0.2 mg. Thiamine Hydrochloride. 1 mg.
(Vitamin B₁)

0.01 mg. Riboflavin. 2 mg.
(Vitamin B₂ or G)

• Many diverse materials and factors are involved in making tanks—and the same is true of hemoglobin.

Protein as well as iron is essential to the formation of this vital substance, and the availability of both factors depends largely on the functional status of the alimentary tract.

In accordance with these considerations 'Ribothiron' Tablets and Elixir were designed for prophylaxis or treatment of hypochromic anemia, and provide ferrous sulfate—clinically the most effective form of iron—in combination with vitamins B₁ and B₂ (G).

Deficiency of vitamin B₁ may impair the assimilation of iron and protein by altering gastro-intestinal function, and vitamin B₂ may be of supplementary value in the treatment of hypochromic anemia when dietary inadequacy is a factor. Moreover, extensive nutritional and economic surveys indicate that the diets of a large part of the population are inadequate with respect to thiamine and other factors of the vitamin B complex.¹

RIBOTHIRON

**SHARP & DOHME
PHILADELPHIA**





R. N. KEY TAGS RE-ORDERED!

• Yes our original supply has been exhausted. But your enthusiasm for these silver-metal key tags and the key insurance that goes with them has compelled us to reorder.

Metal and manufacturing costs have already gone up 30 per cent—and promise to go higher. We've ordered twice the quantity of our original purchase but even so the supply is limited. If you have not yet purchased a personal key tag, send in your order now before it becomes impossible for us to offer them for 25 cents each.

When you purchase a key tag your keys become permanently registered in our editorial offices *free of charge*.

The tag is attractively embossed on silver-finished metal. On its reverse side is your personal identification number—and instructions requesting the finder to return the keys to our offices in Rutherford. Lost keys sent to R. N. will be forwarded immediately to the owner without cost.

Key Insurance Editor
R.N.—A JOURNAL FOR NURSES
Rutherford, N.J.

don ship" and swim for shore!

Not long afterward, our pioneer pilgrimage came to an uneventful end at Mexico City. We had been forty-five days on the road. During this time, my records show, mechanizing my services had enabled me to help care for 955 patients, fill 955 prescriptions, and take forty-five measurements for glasses.

Since then, about 6,500 more miles have been recorded on the hospital's speedometer. And nearly every one of these has marked some milestone in my nursing experience. Not the least of the lessons picked up en route is the general one that the life of a motorized nurse is no roadbed of roses. It is made up almost exclusively of ten or twelve hours of gruelling daily duty, seven days a week, with only three days off between the three months we now remain away from base. Its material rewards are small—the equivalent of \$45 a month, which is not much more than a living-wage even in Mexico. And because it carries you into contact with a maximum of contagion, under circumstances that allow a minimum of protection, it provides more than a possibility that its practitioner may eventually wind up on a literal blind-alley.

Yet would I give up my rolling-stone career for the safest, softest bed of moss in existence? I should say not! Despite the discomforts, dangers, and

USE

LAVORIS




If False Teeth Irritate . . .

Use Lavoris daily, experience perfect mouth conditions

HOW TO DRINK KNOX GELATINE

for supplementary protein

In cases where it is desirable to supplement patients' protein, Knox Gelatine (U.S.P.) may be of help. It can be taken very easily in concentrated drink form. 2 to 4 envelopes a day (or more, depending on the patient's needs) may be prescribed. Here is the way to drink Knox:

 <p>1. Pour 1 envelope of plain, unflavored Knox Gelatine into a glass about $\frac{1}{2}$ filled with water or fruit juice, not iced.</p>	 <p>2. Let the liquid absorb the gelatine. Then stir briskly.</p>	 <p>3. Drink immediately. If the gelatine thickens, add a little more liquid and stir again. Knox is tasteless, odorless.</p>
--	--	--

THE ABOVE METHOD IS ALSO FOLLOWED IN PEPTIC ULCER CONDITIONS.

Be sure the patient does not confuse Knox Gelatine with ready-flavored gelatine dessert powders. They are about 85% sugar, 3% flavor, acid, and coloring, and only about 10% to 12% gelatine. Knox Gelatine (U.S.P.) is all protein. Among its 15 amino acids are 7 of the 10 considered "essential."

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(U. S. P.)

is plain, unflavored
gelatine—
All protein, no sugar

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You can thoroughly cleanse the hair and scalp of ugly loose dandruff with a wonderful liquid shampoo you make at home in a few minutes with Sayman Vegetable Wonder Soap. Just cut bar into thin slivers and dissolve in quart of lukewarm water. This makes enough liquid shampoo for six, eight, or even more wonderful scalp cleansings that do not dry the hair, leave no soapy film, require no lemon or vinegar rinse. Ask at any grocery, drug, department or variety store for Sayman Vegetable Wonder Soap.

dearth of *dinero*, I intend to go on with this work so long as Mexico has a nursing frontier—which should be for many, many months to come.

Elsie Latimer, R. N.

[Continued from page 22]

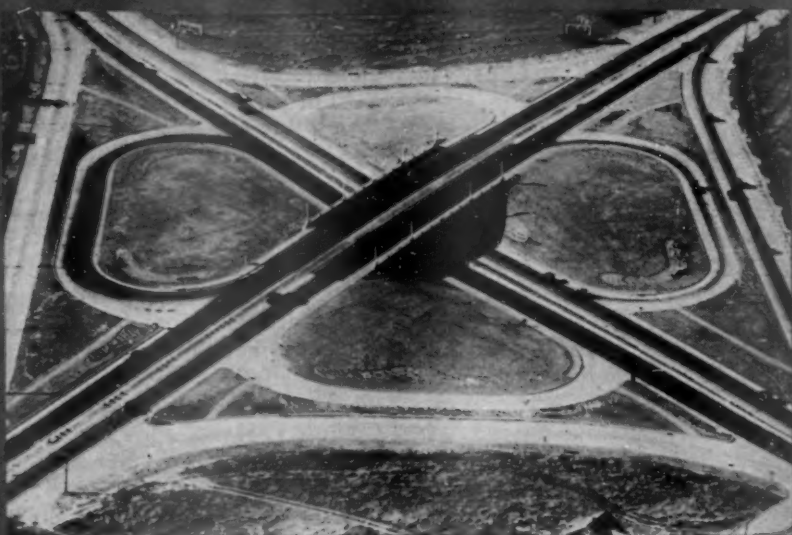
City's top-flight dentists volunteered half a day a month to the care of British sailors' teeth. Their most famous patient was Robert Tapscott who, with Roy Widdecombe—now lost at sea—survived seventy days in a sixteen-foot open boat after the torpedoing of the British freighter *Anglo-Saxon*. Tapscott's front tooth was knocked out during the torpedoing.

The Institute's ENT and medical clinics also function on eight cylinders with the bulk of their patients suffering from upper respiratory infections which, more than any other, seem to be the seaman's occupational disease.

"Cuts, burns, and abrasions come next on my records," Mrs. Latimer pointed to her efficiently organized card file. "Of course, anyone who is seriously ill is immediately shipped to a city hospital, or to the Marine hospital, if he is eligible." (Seamen who have been on shore more than sixty days are not eligible.)

Two women assistants and an orderly, who is chemist and right-hand man, help Mrs. Latimer and the clinic doctors keep the medical department shipshape. Wanda Michael, also a registered nurse, pinch-hits for her superior when Elsie is at lunch or busy elsewhere.

"Busy elsewhere" usually refers to making rounds on the Institute's sixth floor where several private rooms and a dormitory have been allocated to ailing or convalescent seamen. Colds and mild cases of gripe are the most frequent complaints on the "Sixth Floor Front." Mrs. Latimer likes to mother these patients. She sends up tall pitchers of fruit juice, gives alcohol rubs, and simple medications. One of her fa-



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MINIT-RUB is as modern as the new clover-leaf highways in helping relieve congestion. MINIT-RUB brings a glow of soothing warmth to affected areas. It stimulates circulation by counterirritant action, aids in relieving by promoting a better flow of blood and lymph. MINIT-RUB is clean, convenient, economical.

Rub in MINIT-RUB for helpful relief in sore, aching muscles; Local congestion of uncomplicated colds; Simple neuralgias; Lumbago.



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vorites was a chronic—an old “salt” who, suffering from an acute cardiac condition, protested going to a hospital.

“If you let ‘em take me away from here, I’ll jest lay down and die,” he threatened.

Finally, the doctor agreed that it was better to let Mike spend his “borrowed time” in the only place he had ever called home. Utterly contented, Mike caused no disturbance while he lived in the sick bay, nor when, a few weeks later, he quietly died in his sleep.

Officially, Elsie Latimer keeps white collar hours, nine to five. But the subway rush is long past when she actually leaves 25 South Street for her Long Island apartment. Twice a week she stays for the evening foot clinic. Aching feet are common to seamen as they are to salespeople, so a footbath and a clean pair of white socks invariably results in a fervent, “God bless you, lady!”

Until recently, Mrs. Latimer kept house for her youngest brother and her eighteen-year-old son. Now her brother is in the Army and Clifton has just joined the U.S. Coast Guard.

“I’m proud of them both,” she said. “And I’m not going to let myself be lonely while they’re away. It’s as easy for me to cook for ten as for one, so I’ll just keep on having company for dinner!”

Elsie’s housekeeping is supplemented by another big extra-curricular job. She is this year’s commander of the Jane A. Delano American Legion post, supervising welfare and rehabilitation among women war veterans and the New York County Legion Camp which provides summer accommodations for over 200 children.

Elsie Latimer is glad that her particular job has been accelerated by the war, that—as in 1918—she is nursing the men who safeguard America’s heri-

NEW FOOT RELIEF



WHERE 7 IN 10 NEED IT—AT BALL OF THE FOOT

Dr. Scholl's LUPAD

It is a dainty, feather-weight elastic cushion that slips over fore part of foot. Fitted with an adjustable pad of soft Latex Foam which pillows and supports the Metatarsal Arch, relieving pains, cramps, callosities, burning sensations at the ball of the foot. Dr. Scholl's LuPAD is especially recommended for nurses who wear high heel dress shoes. Relieves shock, pressure on sensitive spot. Weighs only a fraction of an ounce. Sizes for men and women. \$1.00 pair at Drug, Shoe and Department Stores. THE SCHOLL MFG. CO., Inc., Chicago, Ill.



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The Chart below

shows the daily recommendations of calories, vitamins B₁ and C, made by the Committee on Food and Nutrition of the National Research Council. It also shows the percentages of these nutrients contributed by a 6-oz. serving of Dole Hawaiian Pineapple Juice

FOR THE AVERAGE MAN



	CALORIES		VITAMINS			
			THIAMIN B ₁		ASCORBIC ACID C	
	Recommended Nat'l Research Council Number	Dole %	Recommended Nat'l Research Council Milligrams	Dole %	Recommended Nat'l Research Council Milligrams	Dole %
 Moderately Active	3000	3%	1.8	17%	75.	16%
 Very Active	4500	2%	2.3	13%	75.	16%
 Sedentary	2500	4%	1.5	20%	75.	16%
6 OZ. DOLE PINEAPPLE JUICE CONTRIBUTES		192 Calories	0.3 Milligram		12. Milligrams	

DOLE Hawaiian Pineapple Juice

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HAWAII
U. S. A.





A small part of the Biggest Job in the World!

With emphasis today on conservation of all materials, there's more reason than ever for you to use GRIFFIN ALLWITE—

Because shoes cleaned regularly with GRIFFIN ALLWITE keep new-looking longer, you wear them longer. The neutral ingredients of GRIFFIN ALLWITE are absolutely safe for all white shoes, leather or fabric.

Why take chances with just any white shoe cleaner, when the known quality of GRIFFIN ALLWITE costs no more?



Bottles, Tubes, and
Jars
10¢ and 25¢ sizes

GRIFFIN ALLWITE

Cleans as it whitens

tage. Whether they wear khaki or blue, brass buttons or dungarees, makes no difference to her. The men for whom John Masefield, honorary member of the Institute, wrote "A Consecration" are the men she will serve for the duration—

*"The sailor, the stoker of steamers, the
man with the clout,
The chanteyman bent at the halliards
putting a tune to the shout,
The drowsy man at the wheel and the
tired lookout."*

Labor

[Continued from page 23]

Nurses are notoriously liberal; where would you find a group so keenly aware of the need of the underpaid and underprivileged to make an organized effort to better their situation? On the other hand, say what you will, the very sympathy which enables a nurse to put herself in the position of another person or group, precludes her being dedicated to the pursuit of self-interest. In a very real sense, the choice of nursing as a profession entails the acceptance of quite another set of values from those which unions stress, often to the exclusion of all else. A nurse is emotionally an orphan in the ranks of contemporary organized labor; she simply doesn't "get" it for herself, any more than she is able to identify herself with predatory economic practices. She is emotionally and mentally an "outsider."

The American Federation of Labor should have the foresight to refrain from further attempts to organize such poor union material as nurses; the American Nurses Association should appreciate how much its members, in industry especially, need to maintain a realistic, well-defined, and mutually helpful relationship to the unions. Non-membership collaboration seems to be the answer; at any rate, the time for arriving at an understanding is now.



FOR TRANQUILLITY

The relief of pain, enabling a patient to obtain adequate rest, is helpful in speeding recovery.

BAYER-TABLETS OF ASPIRIN

For over 40 years Bayer Aspirin has served the medical profession as an efficient analgesic which does not interfere with curative treatment.

Bayer-Tablets of Aspirin are pure and rapidly disintegrate in the stomach.

Indicated for pain relief in a wide variety of conditions:

Colds	Neuralgia	Influenza
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The great
new way to get
relief from

GASTRIC HYPERACIDITY

PLEASE do *not* confuse JESTS with ordinary antacids! Clinical tests have proven that these remarkable little mint-flavored tablets have 5 definite advantages over many other methods commonly used for the relief of acid indigestion, "gas," sour stomach and heartburn, due to excess stomach acidity.

1. JESTS give *fast* relief!
2. JESTS give *longer* relief!
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Many people have found
Jests helpful in re-
lieving "nervous
stomach."



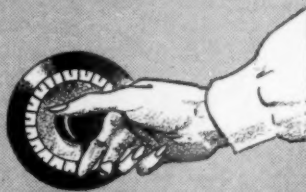
The sub-professional nurse

[Continued from page 16]

"took up" nursing to make a living. Certainly so-called "correspondence" and the "earn while you learn" schools contribute to the quota of undesirable practical nurses. But a few good schools have existed for years and have prepared women who have served the community well. Agreed that the practical nurse has a place in normal times, we can concentrate on giving her sound preparation for a part in the wartime nursing program.

Look at the figures again. Nurses are needed in thousands for the rest of 1942 and for 1943 and 1944. We cannot produce graduate professional nurses rapidly enough to meet all the demands—military, civilian, and public health. We can supplement our professional nurses with sub-professional nurses or we can go on record as willing to let the public go un-nursed. The professional nurse has rightly objected to the

Nurse! Try this combination to Aid in Restoring Skin Comfort



RESINOL OINTMENT—A bland, soothing dressing that allays the itching, burning and soreness of dry eczema, pressure sores, chafing, rectal and vulval irritation, minor burns or scalds, and many other skin irritations of common occurrence and external origin. By curbing further irritation, Resinol hastens nature's healing process. It acts quickly, and may be applied freely.

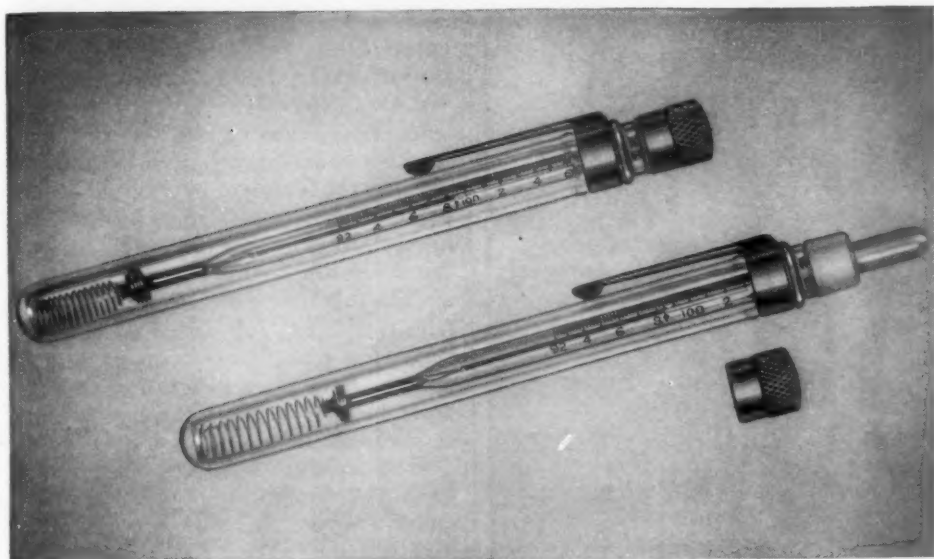
RESINOL SOAP—An extra pure soap for cleansing and bathing the skin. It is ideally suited for use in combination with Resinol Ointment. Delightfully refreshing, and especially agreeable for use in the sickroom.

For a professional sample of Resinol Ointment and Soap, write to Resinol Chemical Co., Dept. RN-25, Baltimore, Md.

1 1/4 ounce and
3 1/4 ounce jars

RESINOL

At all
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Isn't this the sterilizing case you have been looking for?

MOST nurses prefer to carry clean thermometers in sterilizing cases—but they don't want to pay too much for the privilege.

This new pocket thermometer steritube, of sturdy glass with stainless steel ejector spring, adds only 25c to the regular price of a B-D Thermometer.

Any sterilizing solution which does not affect stainless steel may be used. When the cap is removed, the ejector spring raises the thermometer so it may easily be lifted out—without spilling the fluid.

Steritube cases are available with B-D Medical Center Thermometers or the new easy-reading B-D Red Flash Thermometer in which the mercury column appears red.*

Your regular dealer carries B-D Thermometers in steritubes or can get one for you quickly.

**Your patients—especially those who have difficulty taking temperature readings—will be grateful if you recommend the B-D Red Flash to them.*

B-D PRODUCTS
Made for the Profession

BECTON, DICKINSON & CO.
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while we are all DEFENSE CONSCIOUS



Today the entire democratic world is very much defense conscious... we've all witnessed the cost of complacency and its dire aftermath. Even in civil, commercial or the professional field, complacency exacts its toll with undeniable effect.

If you feel that your present status denies you a full expression of your professional abilities and that somewhere else opportunity and future await you... communicate with this Bureau immediately.

We have every confidence that we can be of service... more than four decades of experience and successful relationship in personnel matters stand ready to serve you during these critical times. We shall welcome the opportunity of releasing our resources in your behalf.

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untrained woman who posed as a nurse (practical or professional) but is the *trained* practical nurse in that category?

After the war, nursing will have problems. But a vast group of untrained workers should not be one of them if we have the foresight to train these sub-professional groups. Since professional nurses are sincerely interested in serving the public well, it is perhaps safe to assume that they will accept the responsibility for the job ahead of them in supplying nursing service to the community. A balanced program, it is clear, must include non-professional as well as professional nursing.

If we analyze nursing needs the following questions keep popping up: How many people need the services of a highly trained person? How many need housekeeping services and some nursing care? What can this group afford to pay? We find that many do not need specialized care, that many can afford to pay something but cannot afford to

For inflamed and swollen mucosa

'VAPOROLE' BRAND

**EPHEDRINE
ISOTONIC
SOLUTION**

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containing Chlorobutanol
(Chloroform Derivative), 0.5
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Preferred by many to oily solutions. Valuable
in the relief of coryza, hay fever, sinusitis, etc.

Bottles of 1 fl. oz.
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N.312 cx.

pay the fees of the professional nurse and employ a servant as well. These are questions for the professional to face and answer if the community is to have nursing service now and after the war.

'Ask Miss Torrop'

[Continued from page 17]

of it—your home—your vacations—what you read—what you enjoy for recreation—and remember the English in which you do this talking is going to tell the interviewer many things she wants to know about you. Incidentally, this is no time for criticism of past jobs or employers.

I know this is a large dose of personal advice but the impressions you create of enthusiasm, capability and of being an asset to the organization that may employ you are bound to be deciding factors. Don't forget to be courteous to the secretary who shows you into the interviewer's office and on leaving express your appreciation of being granted the interview. Good Luck!



VAPON DRY SHAMPOO FOR CONVALESCENTS

"No soap, no water, no danger of shampoo colds or complications. Just pour a cup full of Vapon Dry Shampoo through the hair. It dries by evaporation leaving hair clean, soft and fluffy with curls intact. Simple, harmless and quick. Ideal for hospitals and convalescents.

On sale at leading drug and department stores or direct. For further information write to

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Calmitol contains chlor-iodo-camphoric aldehyde, levo-hyosine oleinate, and menthol, incorporated in an alcohol-chloroform-ether vehicle. Pruritus is controlled through its blocking action upon cutaneous receptor organs and nerve endings. Calmitol is protective, bacteriostatic, and induces mild active hyperemia which aids in disposal of toxins.

Regardless of the underlying cause, Calmitol Ointment should be the first thought in pruritus vulvae. Its specific antipruritic properties provide the symptomatic relief so urgently demanded; a single application overcomes the annoying discomfort for several hours. Thus, patient cooperation is assured during the diagnostic search and until corrective therapy can be instituted. In gynecologic practice, Calmitol Ointment is indicated in trichomonas vaginalis, kraurosis vulvae, genital eczema, and in other conditions giving rise to local pruritic discomfort.

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Positions available

Want a job? You may find it listed on these pages. To apply, write a separate application for each opening and address each one to the correct box number, care of R.N.—A JOURNAL FOR NURSES, Rutherford, N. J. R.N. does not conduct an employment service. It merely forwards your inquiries to placement bureaus and individual employers. Send no money with application. Bureaus requiring a fee will bill you. ANSWER JOB ADVERTISEMENTS PROMPTLY!

ADMINISTRATOR: East. Opening in hospital of 85 beds requires experienced administrator. Minimum salary, \$150; maintenance. (Placement bureau charges \$2 registration fee.) Box MB5-1.

ADMINISTRATOR: Georgia. General 60-bed hospital. Graduate staff. Salary, \$165; maintenance. (Placement bureau charges \$2 registration fee.) Box MB5-2.

ANESTHETIST: Chicago area. Unusually attractive opening in Chicago suburban hospital. Location provides pleasant environment, desirable contacts. Salary, \$125; full maintenance. (Placement bureau charges \$2 registration fee.) Box C842.

ANESTHETIST: Midwest. Approved hospital of 240 beds. Candidate must have considerable experience and ability. Salary, \$200; meals, laundry. (Placement bureau charges \$2 registration fee.) Box MB5-3.

***ANESTHETIST:** New Jersey. Temporary. Through August; possibly permanent. Four anesthetists on staff; ample time off. Salary, \$120-\$125; full maintenance. Write to Dr. Dear, Anesthesia Dept., Newark Beth Israel Hospital, 201 Lyons Ave., Newark, N.J.

ASSISTANT SUPERINTENDENT OF NURSES: East. Opening in modern general 450-bed hospital. Degree required. Salary, \$150-175; maintenance. (Placement bureau charges \$2 registration fee.) Box MB5-4.

ASSISTANT DIRECTOR OF NURSING: Midwest. Excellent opportunity for psychiatric nurse trained for teaching or administrative work. Advantageous location. Good opportunity for future advancement. Salary open. (Placement bureau charges \$2 registration fee.) Box C843.

ASSISTANT SUPERINTENDENT OF NURSES: Pennsylvania. Candidate required for 300-bed general hospital, located in large industrial city. Salary, \$140. (Placement bureau charges \$2 registration fee.) Box MB5-5.

DIETITIAN: West. Opening in new 75-bed hospital, serving approximately 6,000 meals per month; no buying. Salary, \$125-\$150. (Placement bureau charges \$2 registration fee.) Box MB5-6.

DIRECTOR OF NURSES: Midwest. Opening for experienced nurse with degree and considerable executive ability. Salary, \$175-\$200; maintenance. (Placement bureau charges \$2 registration fee.) Box MB5-7.

DIRECTOR OF NURSES: Pennsylvania. For 125-bed well-equipped hospital. Comfortable quarters; good living conditions. Salary dependent upon qualifications. (Placement bureau charges \$2 registration fee.) Box C845.

***GENERAL DUTY:** Idaho. Eight-hour duty. Salary, \$80; partial maintenance. Write to the Director of Nurses, L.D.S. Hospital, Idaho Falls, Idaho.

***GENERAL DUTY:** East. Immediate opening for several general duty floor nurses. Salary, \$85; full maintenance. Write to Eastern Dispensary and Casualty Hospital, 8th and Massachusetts Ave., N.E., Washington, D.C.

GENERAL DUTY: Southwest. Opening in children's orthopedic hospital. Eight-hour duty, six days monthly time off, plus vacation after year's service. Salary, \$100; full maintenance. (Placement bureau charges \$2 registration fee.) Box C846.

GENERAL DUTY: West. Opening in 35-bed industrial hospital. Salary, \$137; full maintenance. (Placement bureau charges \$2 registration fee.) Box C848.

GENERAL DUTY: West. Services in medicine, surgery, obstetrics, or pediatrics; 200-bed hospital. Salary, \$105; laundry. (Placement bureau charges \$2 registration fee.) Box MB5-8.

GRADUATE NURSE: South America. Small general hospital operated for employees of large industrial company. Salary, \$150; maintenance. (Placement bureau charges \$2 registration fee.) Box MB5-9.

INDUSTRIAL NURSE: Midwest. Opening for experienced nurse in new ordnance plant to be located near large city. Salary open. (Placement bureau charges \$2 registration fee.) Box MB5-10.

*Not listed by placement bureau.



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A mother traveling by air with her baby is always delighted when the hostess offers a modern Evenflo Nurser. TWA and other air lines have learned from doctors, nurses and traveling mothers that Evenflo is as handy in travel as at home. Baby, too, enjoys more benefit from his food when using Evenflo.

TWA writes: "Evenflo Nursing Units are an important part of our baby kits. This picture was taken on one of our sleeper planes." Evenflo Nurers are 25c at baby shops, drug and dept. stores.

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Ohio



INSTRUCTOR, NURSING ARTS: California. General 200-bed hospital with Junior College affiliation requires appointee with degree. Salary, \$1,700-\$2,000. (Placement bureau charges \$2 registration fee.) Box MB5-11.

INSTRUCTOR, NURSING ARTS: California. Candidate must be well-qualified, eligible for Junior College faculty appointment. Salary, \$2,000 yearly for school year to experienced applicant. (Placement bureau charges \$2 registration fee.) Box C853.

INSTRUCTOR, NURSING ARTS: Ohio. Applicant must have degree and special preparation or teaching experience. Would be expected to assist in direction of nursing service. Pleasant working schedule. Salary dependent upon qualifications. Cleveland area. (Placement bureau charges \$2 registration fee.) Box C852.

INSTRUCTOR, SCIENCE: South. College graduate required for large hospital in unusually attractive location, offering excellent recreational facilities. Salary, \$125; full maintenance. (Placement bureau charges \$2 registration fee.) Box C861.

INSTRUCTOR, SCIENCE: West. Experience and degree required. 225-bed hospital. Salary, \$145. (Placement bureau charges \$2 registration fee.) Box MB5-12.

MALE NURSE: Midwest. Applicant must be well-qualified for opening in large defense industry. Salary open. (Placement bureau charges \$2 registration fee.) Box C850.

***NIGHT CHARGE NURSE:** California. Position available in obstetrical department. Salary, \$125;

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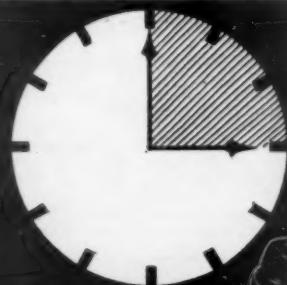
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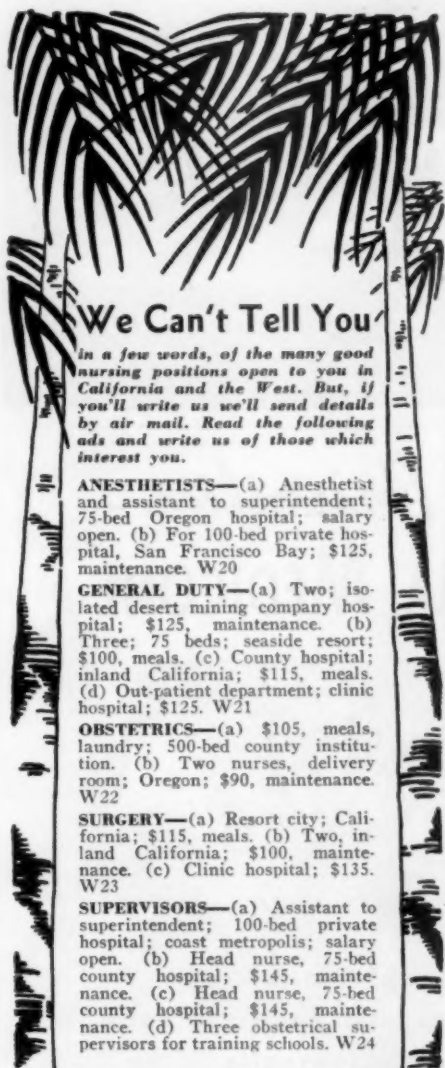
PEDIATRIC NURSE: Midwest. Opening in large well-rated St. Louis hospital. Desirable working conditions. Salary open. (Placement bureau charges \$2 registration fee.) Box C857.

PHYSICAL THERAPIST: New England. Candidate must be registered and qualified in all types of physical therapy treatment. Pleasant working conditions. Well-rated hospital, located in university town. Salary, \$100; maintenance. (Placement bureau charges \$2 registration fee.) Box C858.

RECORD LIBRARIAN: Connecticut. Knowledge of psychiatric work desirable. Appointee will be in charge of personnel of twenty-five. Salary open. (Placement bureau charges \$2 registration fee.) Box MB5-13.

***REGISTERED NURSES:** West Virginia. Openings for general duty and head nurses in 500-bed tuberculosis hospital. Salary, \$85; full maintenance. Write to Superintendent of Nurses, Hopemont Sanitarium, Hopemont, W. Va.

SCRUB NURSE: South. For operating room in well-rated institution. Desirable working schedule.



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In a few words, of the many good nursing positions open to you in California and the West. But, if you'll write us we'll send details by air mail. Read the following ads and write us of those which interest you.

ANESTHETISTS—(a) Anesthetist and assistant to superintendent; 75-bed Oregon hospital; salary open. (b) For 100-bed private hospital, San Francisco Bay; \$125, maintenance. W20

GENERAL DUTY—(a) Two; isolated desert mining company hospital; \$125, maintenance. (b) Three; 75 beds; seaside resort; \$100, meals. (c) County hospital; inland California; \$115, meals. (d) Out-patient department; clinic hospital; \$125. W21

OBSTETRICS—(a) \$105, meals, laundry; 500-bed county institution. (b) Two nurses, delivery room; Oregon; \$90, maintenance. W22

SURGERY—(a) Resort city; California; \$115, meals. (b) Two, inland California; \$100, maintenance. (c) Clinic hospital; \$135. W23

SUPERVISORS—(a) Assistant to superintendent; 100-bed private hospital; coast metropolis; salary open. (b) Head nurse, 75-bed county hospital; \$145, maintenance. (c) Head nurse, 75-bed county hospital; \$145, maintenance. (d) Three obstetrical supervisors for training schools. W24

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are those who make sacrifices to defend America. If you have not been called to serve or defend our country surely you would like to have a vital part in the defense activities on the West Coast. Your inquiry regarding positions for which you are qualified will receive prompt consideration.

ANESTHETIST—Idaho—90 bed hospital, alternate nights on call, experienced with cyclopropane. \$115.00 Mtc.; Tenn. 150 bed hospital, broken shift, private room. \$100.00 Mtc. Box D-26.

SURGERY: (a) Near Los Angeles, lovely 150 bed hospital, good working conditions. Start \$95.00 meals, laundry. Good advancement. (b) Good 90 bed hospital, suburb Los Angeles. Good opportunity. Salary \$100.00 room and board. (c) Central California, industrial hospital, some relief general duty. Start \$105.00 with meals. (d) Beautiful coast town, A-1 100 bed hospital. Start \$80.00 Mtc. Box D-27.

OBSTETRICS—(a) S.F. bay area, lovely 125 bed hospital, 11 to 7. Delivery and labor room. Start \$87.50 with \$5.00 laundry allowance. (b) Suburb Los Angeles, small A-1 hospital. Good conditions, straight hours, P.M. or night duty. Start \$85.00 meals, good advancement. (c) Oregon, 100 bed hospital on beautiful Columbia river. 8 hour duty, good conditions. Salary \$90.00 Mtc. Box D-28.

GENERAL DUTY—Arizona, California, Idaho, New Mexico, Oregon, Texas, Utah and Washington. All recognized hospitals offering 8 hour duty, good working conditions. Salaries vary with location. Box D-29.

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SUPERINTENDENT OF NURSES: Opening in centrally located hospital. Duties include complete charge of nursing personnel. Excellent opportunity. Starting salary, about \$300 per month. (Placement bureau charges \$2 registration fee.) Box C867.

SUPERINTENDENT OF NURSES: Midwest. Position requires energetic person with experience and good educational background. Well-rated institution for tuberculous and contagious patients. Salary, \$2,000; room, meals. (Placement bureau charges \$2 registration fee.) Box C866.

SUPERINTENDENT OF NURSES: Midwest. Opening in large general hospital. Appointee to have charge of all nursing personnel. Induction salary, \$3,540. (Placement bureau charges \$2 registration fee.) Box MB5-14.

SUPERVISOR, GENERAL: East. Good educational background required; 300-bed hospital. Salary open. (Placement bureau charges \$2 registration fee.) Box MB5-15.

SUPERVISOR, MEDICAL: West. Opening in 500-bed hospital. Past experience and degree required. Salary, \$145-\$160. (Placement bureau charges \$2 registration fee.) Box MB5-16.

SUPERVISOR, OBSTETRICAL: East. Assistant director of nursing service, in charge of obstetrics. Degree required; 600-bed hospital. Salary, \$140; maintenance. (Placement bureau charges \$2 registration fee.) Box MB5-17.

SUPERVISOR, OPERATING ROOM: California. Opening in 225-bed hospital. College background desirable. Salary, \$135. (Placement bureau charges \$2 registration fee.) Box MB5-18.

SUPERVISOR, OPERATING ROOM: West Central. Needed for well-organized and exceptionally well-equipped department in 50-bed hospital. Salary open; will be attractive. (Placement bureau charges \$2 registration fee.) Box C855.

SUPERVISOR, PSYCHIATRIC: West. Large university hospital offering excellent educational opportunities. Salary dependent upon qualifications. (Placement bureau charges \$2 registration fee.) Box C860.

SUPERVISOR, SURGICAL: Midwest. Needed for private and semi-private floor averaging 30 patients; pleasant 125-bed hospital near Cincinnati, Ohio. Salary open. (Placement bureau charges \$2 registration fee.) Box C868.

SURGICAL NURSE: Midwest. For active department in large hospital; eight-hour duty; three weeks' vacation after year's service. Salary, \$135. Live out. (Placement bureau charges \$2 registration fee.) Box C869.

SURGICAL NURSE: South America. Opening in employees' hospital of a large industrial company. Appointee must be willing to do general duty. Salary, \$180; maintenance. (Placement bureau charges \$2 registration fee.) Box MB5-19.

***SUTURE NURSES AND GENERAL DUTY:** New York. For 99-bed hospital located on main line of New York Central Railroad. Good living conditions and desirable location. Complete maintenance. Box OH5-1.

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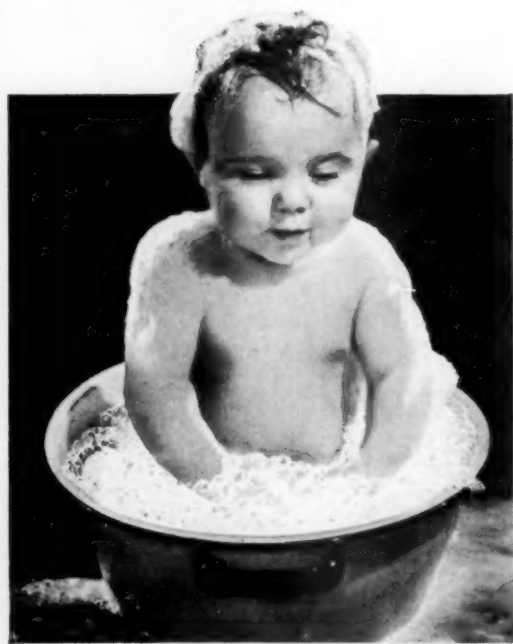
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